

Fee Schedule Breakout Session

Panel Members

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Table of Contents

AB 1177 - - - - -	3
AB 1179 - - - - -	4
AB 1194 - - - - -	6
Frequently Asked Questions - - - -	8
8 CCR 9792.1 - - - - -	14
Appendix A - - - - -	16
Appendix B - - - - -	29
Appendix C - - - - -	53
Proof of Service by Mail Form -	55



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2001 REGULAR SESSION

CHAPTER 252 (Assembly Bill No. 1177)

2001 Cal ALS 252; 2001 Cal AB 1177; Stats 2001 ch 252

[Approved by Governor September 5, 2001. Filed with Secretary of State September 5, 2001.]

DIGEST: AB 1177, Calderon. Workers' compensation: official medical fee schedule.

Existing law provides for administration of the workers' compensation system by the Director of the Division of Workers' Compensation of the Department of Industrial Relations, who is referred to as the administrative director.

This bill would authorize a health care provider or licensed health facility and a contracting agent, employer, or carrier to contract for reimbursement rates that are different from the official medical fee schedule. The bill would provide that the December 31, 2001 termination date contained in the California Code of Regulations for specified regulations be extended until new regulations on the medical fee schedule adopted by the administrative director become effective.

SYNOPSIS: An act to add Sections 5307.11 and 5318 to the Labor Code, relating to workers' compensation.

NOTICE: [A> Uppercase text within these symbols is added <A]

* * * indicates deleted text

TEXT: The people of the State of California do enact as follows:

[*1] SECTION 1. Section 5307.11 is added to the Labor Code, to read:

§ 5307.11.

A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates different from those in the fee schedule, the medical fee schedule for that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code shall not apply to the contracted reimbursement rates. Except as provided in subdivision (b) of Section 5307.1, the official medical fee schedule shall establish maximum reimbursement rates for all medical services for injuries subject to this division provided by a health care provider or health care facility licensed pursuant to Section 1250 of the Health and Safety Code other than those specified in contracts subject to this section.

[*2] SECTION 2. Section 5318 is added to the Labor Code, to read:

§ 5318.

Notwithstanding any other provision of law, the termination date of December 31, 2001, provided in Section 9792.1 of Title 8 of the California Code of Regulations shall be extended until the effective date of new regulations adopted by the administrative director, as required by Section 5307.1, providing for the biennial review of the fee schedule for health care facilities.

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2001 REGULAR SESSION

CHAPTER 240 (Assembly Bill No. 1179)

2001 Cal ALS 240; 2001 Cal AB 1179; Stats 2001 ch 240

[Approved by Governor September 4, 2001. Filed with Secretary of State September 4, 2001.]

DIGEST: AB 1179, Calderon. Workers' compensation: billing or utilization review procedures.

Existing law relating to workers' compensation requires an employer to notify the treating physician of an injured worker within 30 days if the billing for services submitted by the physician is going to be contested, denied, or determined to be incomplete. Existing law also requires that notice to state all additional information necessary for the employer to make a decision concerning the billing.

This bill would require any employer or insurer that employs an individual or contracts with an entity to conduct a review of a workers' compensation billing submitted by a physician or medical provider to provide that individual or entity with all documentation submitted by the physician or medical provider, along with a copy of the billing and any preauthorization for services. The bill would also prohibit the individual or entity conducting the review from altering the procedure codes billed or recommending reduction of a bill unless the submitted documentation has been reviewed by that individual or entity, and would require the reviewer to provide the physician or medical provider with certain information in that regard.

SYNOPSIS: An act to amend Section 4603.2 of the Labor Code, relating to workers' compensation.

NOTICE: [A> Uppercase text within these symbols is added <A]

* * * indicates deleted text

TEXT: The people of the State of California do enact as follows:

[*1] SECTION 1. Section 4603.2 of the Labor Code is amended to read:
§ 4603.2.

(a) Upon selecting a physician pursuant to Section 4600, the employee or physician shall forthwith notify the employer of the name and address of the physician. The physician shall submit a report to the employer within five working days from the date of the initial examination and shall submit periodic reports at intervals that may be prescribed by rules and regulations adopted by the administrative director.

(b) Payment for medical treatment provided or authorized by the treating physician selected by the employee or designated by the employer shall be made by the employer within 60 days after receipt of each separate, itemized billing, together with any required reports [A> AND ANY WRITTEN AUTHORIZATION FOR SERVICES THAT MAY HAVE BEEN RECEIVED BY THE PHYSICIAN. <A] If the billing or a portion thereof is contested, denied, or considered incomplete, the physician shall be notified, in writing, that the billing is contested, denied, or considered incomplete, within 30 working days after receipt of the billing by the employer. A notice that a billing is incomplete shall state all additional information required to make a decision. Any properly documented amount not paid within the 60-day period shall be increased by 10 percent, together

with interest at the same rate as judgments in civil actions retroactive to the date of receipt of the bill, unless the employer does both of the following:

- (1) Pays the uncontested amount within the 60-day period.
- (2) Advises, in the manner prescribed by the administrative director, the physician, or another provider of the items being contested, the reasons for contesting these items, and the remedies available to the physician or the other provider if he or she disagrees. In the case of a bill which includes charges from a hospital, outpatient surgery center, or independent diagnostic facility, advice that a request has been made for an audit of the bill shall satisfy the requirements of this paragraph.

If an employer contests all or part of a billing, any amount determined payable by the appeals board shall carry interest from the date the amount was due until it is paid.

An employer's liability to a physician or another provider under this section for delayed payments shall not affect its liability to an employee under Section 5814 or any other provision of this division.

(c) Any interest or increase in compensation paid by an insurer pursuant to this section shall be treated in the same manner as an increase in compensation under subdivision (d) of Section 4650 for the purposes of any classification of risks and premium rates, and any system of merit rating approved or issued pursuant to Article 2 (commencing with Section 11730) of Chapter 3 of Part 3 of Division 2 of the Insurance Code.

[A> (D)(1) WHENEVER AN EMPLOYER OR INSURER EMPLOYS AN INDIVIDUAL OR CONTRACTS WITH AN ENTITY TO CONDUCT A REVIEW OF A BILLING SUBMITTED BY A PHYSICIAN OR MEDICAL PROVIDER, THE EMPLOYER OR INSURER SHALL MAKE AVAILABLE TO THAT INDIVIDUAL OR ENTITY ALL DOCUMENTATION SUBMITTED TOGETHER WITH THAT BILLING BY THE PHYSICIAN OR MEDICAL PROVIDER. WHEN AN INDIVIDUAL OR ENTITY CONDUCTING A BILL REVIEW DETERMINES THAT ADDITIONAL INFORMATION OR DOCUMENTATION IS NECESSARY TO REVIEW THE BILLING, THE INDIVIDUAL OR ENTITY SHALL CONTACT THE CLAIMS ADMINISTRATOR OR INSURER TO OBTAIN THE NECESSARY INFORMATION OR DOCUMENTATION THAT WAS SUBMITTED BY THE PHYSICIAN OR MEDICAL PROVIDER PURSUANT TO SUBDIVISION (B). <A]

[A> (2) AN INDIVIDUAL OR ENTITY REVIEWING A BILL SUBMITTED BY A PHYSICIAN OR MEDICAL PROVIDER SHALL NOT ALTER THE PROCEDURE CODES BILLED OR RECOMMEND REDUCTION OF THE AMOUNT OF THE BILL UNLESS THE DOCUMENTATION SUBMITTED BY THE PHYSICIAN OR MEDICAL PROVIDER WITH THE BILL HAS BEEN REVIEWED BY THAT INDIVIDUAL OR ENTITY. IF THE REVIEWER DOES NOT RECOMMEND PAYMENT AS BILLED BY THE PHYSICIAN OR MEDICAL PROVIDER, THE EXPLANATION OF REVIEW SHALL PROVIDE THE PHYSICIAN OR MEDICAL PROVIDER WITH A SPECIFIC EXPLANATION AS TO WHY THE REVIEWER ALTERED THE PROCEDURE CODE OR AMOUNT BILLED AND THE SPECIFIC DEFICIENCY IN THE BILLING OR DOCUMENTATION THAT CAUSED THE REVIEWER TO CONCLUDE THAT THE ALTERED PROCEDURE CODE OR AMOUNT RECOMMENDED FOR PAYMENT MORE ACCURATELY REPRESENTS THE SERVICE PERFORMED. <A]

[A> (3) UNLESS THE PHYSICIAN OR MEDICAL PROVIDER HAS BILLED FOR EXTRAORDINARY CIRCUMSTANCES RELATED TO THE UNUSUAL NATURE OF THE MEDICAL SERVICES RENDERED PURSUANT TO SUBDIVISION (B) OF SECTION 5307.1, THIS SUBDIVISION SHALL NOT APPLY WHEN A BILL SUBMITTED BY A PHYSICIAN OR MEDICAL PROVIDER IS REDUCED TO THE AMOUNT OR AMOUNTS SPECIFIED IN THE OFFICIAL MEDICAL FEE SCHEDULE, PREFERRED PROVIDER CONTRACT, OR NEGOTIATED RATE FOR THE PROCEDURE CODES BILLED. <A]

[A> (4) THE APPEALS BOARD SHALL HAVE JURISDICTION OVER DISPUTES ARISING OUT OF THIS SUBDIVISION PURSUANT TO SECTION 5304. <A]

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2001 REGULAR SESSION

CHAPTER 229 (Assembly Bill No. 1194)

2001 Cal ALS 229; 2001 Cal AB 1194; Stats 2001 ch 229

[Approved by Governor September 1, 2001. Filed with Secretary of State September 4, 2001.]

DIGEST: AB 1194, Correa. Workers' compensation: physician assistants and nurse practitioners. Existing law requires the physician first treating a workers' compensation claimant for injuries to submit a report ("Doctor's First Report of Occupational Injury or Illness") to the employer within 5 working days from the date of the initial examination.

This bill would, until January 1, 2006, authorize a physician assistant or nurse practitioner to cosign the Doctor's First Report of Occupational Injury or Illness and to authorize a workers' compensation claimant for injuries to receive time off from work for a period not to exceed 3 calendar days if that authority is included in standardized procedures or protocols. The bill would require the treating physician to sign the report and to make any determination of temporary disability.

SYNOPSIS: An act to add and repeal Section 3209.10 of the Labor Code, relating to workers' compensation.

NOTICE: [A> Uppercase text within these symbols is added <A]
* * * indicates deleted text

TEXT: The people of the State of California do enact as follows:

[*1] SECTION 1. Section 3209.10 is added to the Labor Code, to read:
§ 3209.10.

(a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

(b) The provision of subdivision (a) that requires the cosignature of the treating physician applies to this section only and it is not the intent of the Legislature that the requirement apply to any other section of law or to any other statute or regulation. Nothing in this section implies that a nurse practitioner or physician assistant is a physician as defined in Section 3209.3.

(c) This section shall remain in effect only until January 1, 2006, and on that date is repealed, unless a later enacted statute that is enacted before January 1, 2006, deletes or extends that date.

[*2] SECTION 2. The addition of Section 3209.10 to the Labor Code made by this act does not constitute a change in, but is declaratory of, existing law and neither expands nor limits the scope of practice of nurse practitioners or physician assistants with regard to the delivery of care pursuant to Division 4 of the Labor Code.

[*3] SECTION 3. In enacting this act, the Legislature intends to abrogate the opinions expressed by the Administrative Director or the Division of Workers' Compensation as set forth in *Minnie Martin v. Los Angeles Unified School District*, AD No. 9786-4895, July 6, 1999, to the extent that it precluded a physician assistant from practicing within the scope of the protocol approved by the supervising physician and their lawful scope of practice.



FREQUENTLY ASKED QUESTIONS

OFFICAL MEDICAL FEE SCHEDULE AND MEDICAL-LEGAL FEE SCHEDULE

How do I get an Official Medical Fee Schedule (OMFS) book and how much does it cost?

Contact the state Department of General Services - Procurement Division at 916 928-4630. The 1999 OMFS is \$38.15 and includes all three medical fee schedules. Due to copyright restrictions, Division of Workers' Compensation (DWC) will not be putting it out on a diskette.

How do I get access to an OMFS if I do not want to buy a copy?

Contact a state depository library (most University of California, California State University, and law school libraries) or go to the DWC district office nearest you to look at a copy. If you are going to need access to the OMFS frequently, it is recommended you purchase one.

Who do I contact if I have questions about the OMFS?

You may call the local DWC office found in the white pages of your phone book under State Government Offices/Industrial Relations/Workers' Compensation; DWC Headquarters at (415) 703-4600; e-mail us at dwc@dir.ca.gov; or write to us at P.O. Box 420603, San Francisco, CA 94142

Is there a required billing form, if so, what is it?

There is a standardized form (HFCA 1500) for treatment. This form is not mandatory. Providers may use their own forms with the required information.

Which version of the CPT codes is in the OMFS?

The April 1, 1999 OMFS is using the 1997 CPT codes of the American Medical Association.

Where are the conversion factors found?

The conversion factors are found in Appendix C under Title 8, Cal Code of Regulations § 9792.

Where's the Index?

Due to copyright issues with the American Medical Association, we do not have an index for this edition of the fee schedule.

How do the claims administrators and bill review companies determine payment?

The claims administrators will be paying according to the fee schedule in use for the date of service provided. This applies to Medical-Legal, OMFS and In-patient billing.

What about missed appointments?

There is currently no provision in either the Medical-Legal fee schedule or OMFS that covers missed appointments. This does not mean that a provider cannot bill for a missed appointment. It simply means that the fee for a missed appointment needs to be adjusted between the parties. Under the OMFS the treating physician may not charge the injured worker for missed treatment appointments. All billings for missed appointments must go to the claims administrator for adjustment. The CPT code 99049 (BR) may be used to report a missed OMFS appointment. Code ML 100 may be used for a missed Medical-Legal appointment. These codes are for communication purposes only and do not imply a payment is owed.

Which reports are reimbursable?

The Primary Treating Physician's (P.T.P.) Progress Reports (PR-2 or equivalent), the P.T.P. Permanent and Stationary Report (PR-3, IMC 81556, or equivalent), the Final RU-90, and any Consultation Reports. All other types of reports are not reimbursable.

Is there a fee schedule for Ambulatory Surgical Centers or Hospital Outpatient Surgery Clinics?

There is no fee schedule for use of the facility when the procedure is performed at an Ambulatory Surgical Center or a hospital's outpatient surgery clinic. The facility may charge a reasonable fee for use of the facility.

Is there a fee schedule for Ambulance Services?

There is no fee schedule for ambulance services. Ambulance companies may charge a reasonable fee for their services.

What Constitutes A Medical/Legal (M/L) Report?

8 CCR § 9793 provides the definitions for issues dealing with the M/L report. Briefly, only a *contested claim* or a *medical issue in dispute* qualifies for a M/L report. All other issues needing a medical report do not rise to the status of a M/L report.

A *contested claim* is one where;

- liability is rejected,
- presumption of compensability under LC § 5402 (90-day presumption),
- there is a failure to respond to a demand for payment of compensation including defendant's failure to issue notice of delay within 14 days of employer's date of knowledge pursuant to LC § 4650, or
- a disputed medical fact.

A *disputed medical fact* contests

- a medical condition
- need for treatment
- cause of a medical condition
- nature and extent of permanent disability
- QIW status

If the medical evaluation does not fit the above criteria, it is not a M/L report.

If I'm the P.T.P. can I bill using code M/L 102 -92 when doing the P&S Report?

No. The P.T.P. cannot bill a M/L for the P.T.P. P&S Report. The P.T.P. P&S Report is billable under the OMFS using the appropriate E/M code, Prolonged Service Code and Report Code.

The only time a P.T.P. writes a M/L report is when there is a contested claim or disputed medical fact (see above definitions). Most often, the claims administrator or the injured worker's attorney would be asking the P.T.P. to write a M/L report to rebut a QME's report. This usually occurs after the P.T.P. has submitted the P&S Report when one of the parties disagrees with the P.T.P.'s findings. If one party asserts the treating physician's presumption of correctness and the other gets a QME, the party who is relying on the treating physician may ask him or her to prepare a M/L report.

If I'm asked to do an AOE/COE Evaluation is it Medical-Legal?

Not usually. A M/L exam can only take place when there is a contested claim or a disputed medical fact (see above definitions). At the time of the AOE/COE evaluation, no contested claim exists.

Can I charge for transcription services when doing a M/L Report (AME, QME, or P.T.P.)?

No. Transcription services are included in the prices set for each level of M/L examination.

There has been misinformation circulated throughout the workers' compensation community regarding this issue. LC § 4628 (d) is widely quoted as the justification for reimbursement for transcription services. It states that "No charges may be charged in excess of the direct charges for the physician's professional services and the reasonable costs of laboratory examinations, diagnostic studies, and other medical tests, and

reasonable costs of clerical expense necessary to producing the report. Direct charges for the physician's professional services shall include reasonable overhead expense." What the individuals using this argument fail to realize is that 8 CCR § 9795 (b) sets forth **how** the reimbursement is to be carried out. It states "The fee for each medical-legal evaluation procedure is **all inclusive**, and includes reimbursement for the examination, review of records, **preparation of a medical-legal report**, and overhead expenses." There is applicable case law, which supports the inclusion of the transcription expenses - Mission Hills vs. WCAB, Mora Manor, SCIF (Miller) 62 CCC 539.

The claims administrator is not paying the whole bill or portion of the bill, what can be done?

The claims administrator has 30 working days from the date of receipt to object the entire bill or any portion of the bill. For any contested bill the claims administrator should include:

- The code used by the provider and the code believed to be reasonable by the claims administrator, and a rationale as to why the suggested code more accurately reflects the service provided.
- If the entire bill is contested, the justification should show a legal, medical or factual basis for the denial.

The claims administrator should always pay the uncontested portion of the bill. If the bill is not paid within the 60 calendar days or objected to within 30 working days, the amount of the bill may be increased by a 10% penalty and shall carry interest at the same rate as judgments in civil actions retroactive to the date of receipt of the bill.

Billing disputes between claims administrators and providers can be resolved by filing a lien (DWC Form 6 "Green" Lien) with the WCAB.

Can Chiropractors bill using Osteopathic codes in the Physical Medicine Section of the OMFS?

No. Chiropractors are not Osteopaths. Physicians must bill within their scope of practice.

Can non-physicians use the OMFS?

Yes. Any medical provider can use the OMFS if the services they provide fall within their scope of practice. Common types of non-physicians who use the OMFS are Physician Assistants, Nurse Practitioners, Physical or Occupational Therapists, Orthotists, Prosthetists, Certified Registered Nurse Anesthetists (CRNA), Marriage, Family and Child Counselors (MFCC), Licensed Clinical Social Workers (LCSW) and others.

Are there errors in the OMFS?

There may be. If errors are found, the parties must still use what is written in the OMFS. There are generally ways for parties to bill appropriately around errors. Errors should be brought to the attention of the DWC Administrative Director for correction in the next OMFS.

What code do I bill if the CPT code most applicable is not in the OMFS?

There can be revisions made to the CPT codes in-between editions of the OMFS. Codes that are not included in the current OMFS may not be used. You may select a code that is similar to the new code or you may negotiate with the claims administrator prior to providing the service. Services are always negotiable ahead of time. There are unlisted procedure codes in each section of the OMFS which can be used for codes not currently found in the OMFS.

If you cannot reach the claims administrator prior to the provision of the service, you should justify your billing by report and provide supporting documentation.

How do I file a lien for services?

If the claims administrator has not paid for services provided, a medical provider may file a lien against the injured worker's claim. The provider can file liens directly or an EDEX service provider can be utilized.

To file directly, the provider must fill out the lien form (WCAB Form 6) and serve a copy on the injured worker, the claims administrator and any attorneys involved. The original lien should be filed at the WCAB office where the case is being adjudicated. If no WCAB case exists, the medical provider should not file the original with the WCAB until a case number is assigned. Sometimes the injured worker's attorney can assist the medical provider in finding out when to file the lien with the WCAB.

To get a copy of Information and Assistance Guide "How to File a Lien" contact your local DWC Information and Assistance office or DWC Headquarters (see question 3 on page 1).

To use EDEX, the medical provider needs to select an EDEX vendor from the following list. Basically the EDEX vendor files the lien for the medical provider. Different vendors provide different levels of service.

APPROVED VENDORS:

<u>Company</u>	<u>Address</u>	<u>Phone #</u>	<u>Fax #</u>	<u>Website Address</u>
CompData	P O Box 729 Seal Beach CA 90740	(562) 493-6652	(562) 493- 1550	http://www.compdataedex.com
EDEXExpress	P.O. Box 31 Martell, CA 95654	(800) 778-1989	(209) 223- 2966	http://www.edexexpress.com
Software Technologies Group ("SpeedComp")	P.O. Box 6886 Malibu, CA 90264- 6886	(310) 457-3300	(310) 457- 0500	http://www.wcabonline.com
Paracle Systems Inc.	101 First St., Ste. 273 Los Altos, CA 94022	(650) 685-8257	(650) 401- 6051	http://www.paracle.com

How do I get a lien hearing?

If the injured worker has filed an Application for Adjudication of Claim ("Application"), the form which gives jurisdiction to the WCAB, the lien is usually heard at the same time as the injured worker's claim.

If the injured worker never files an Application with the WCAB, the medical provider can file the Application. Once a case number is assigned, the lien can be filed with the WCAB. In order to get a hearing the medical provider needs to file a Declaration of Readiness to Proceed (DOR). This is the document that tells the WCAB that the parties are ready to go ahead and have the judge decide the dispute. The injured worker's case is generally dealt with first.

To get a copy of Information and Assistance Guide "How to File an Application for Adjudication of Claim" or "How to File a Declaration of Readiness to Proceed" contact your local DWC Information and Assistance office or DWC Headquarters (see question 3 on page 1).

Who represents me at the lien hearing?

Many medical providers represent themselves at these hearings. Sometimes they hire attorneys or hearing representatives to appear for them. In some cases the injured worker's attorney will represent the medical provider as well.

1/14/02

9792.1. Payment of Inpatient Services of Health Facilities.

- (a) Maximum reimbursement for inpatient medical services shall be determined by multiplying 1.20 the product of the health facility's composite factor and the applicable DRG weight or revised DRG weight if a revised weight has been adopted by the administrative director. The fee determined under this subdivision shall be a global fee, constituting the maximum reimbursement to a health facility for inpatient medical services not exempted under this section. However, preadmission services rendered by a health facility more than 24 hours before admission are separately reimbursable.
- (b) Health facilities billing for fees under this section shall present with their bill the name and address of the facility, the facility's Medicare ID number, and the applicable DRG codes.
- (c) The following are exempt from the maximum reimbursement formula set forth in subdivision (a):
 - (1) Inpatient services for the following diagnoses: Psychiatry (DRGs 424-432), Substance Abuse (DRGs 433-437), Organ Transplants (DRGs 103, 302, 480, 481, 495), Rehabilitation (DRG 462 and inpatient rehabilitation services provided in any rehabilitation center that is authorized by the Department of Health Services in accordance with Title 22, §§ 70301 – 70603 of the California Code of Regulations to provide rehabilitation services), Tracheostomies (DRGs 482, 483), and Burns (DRGs 475 and 504-511).
 - (2) Inpatient services provided by a Level I or Level II trauma center, as defined in Title 22, California Code of Regulations sections 100260, 100261, to a patient with an immediately life threatening or urgent injury.
 - (3) Inpatient services provided by a health facility for which there is no composite factor.
 - (4) Inpatient services provided by a health facility located outside the State of California.
 - (5) The cost of durable medical equipment provided for use at home.
 - (6) Inpatient services provided by a health facility transferring an inpatient to another hospital. Maximum reimbursement for inpatient medical services of a health facility transferring an inpatient to another hospital shall be a per diem rate for each day of the patient's stay in that hospital, not to exceed the amount that would have been paid under Title 8, California Code of Regulations §9792.1(a). However, the first day of the stay in the transferring hospital shall be reimbursed at twice the per diem amount. The per diem rate is determined by dividing the maximum reimbursement as determined under Title 8, California Code of Regulations §9792.1(a) by the average length of stay for that specific DRG. However, if an admission to a health facility transferring a patient is exempt from the maximum reimbursement formula set forth in subdivision (a) because it satisfies one or more of the requirements of Title 8, California Code of Regulations §9792.1(c)(1) through (c)(4), subdivision (c)(6) shall not apply. Inpatient services provided by the hospital receiving the patient shall be reimbursed under the provisions of Title 8, California Code of Regulations §9792.1(a).
 - (7) Implantable hardware and/or instrumentation for DRGs 496 through 500, where the admission occurs on or after April 13, 2001. Implantable hardware and/or instrumentation for DRGs 496 through 500, where the admission occurs on or after April 13, 2001, shall be separately reimbursed at the provider's documented paid cost, plus an additional 10% of the provider's documented paid cost not to exceed a maximum of \$250.00, plus any sales tax and/or shipping and handling charges actually paid.
 - (8) Cost Outlier cases. Inpatient services for cost outlier cases where the admission occurs on or after

June 29, 2001, shall be reimbursed as follows:

Step 1: Determine the Inpatient Hospital Fee Schedule payment amount (DRG relative weight x 1.2 x hospital specific composite factor).

Step 2: Determine costs. Costs = (total billed charges x total cost-to-charge ratio).

Step 3: Determine outlier threshold. Outlier threshold = (Inpatient Hospital Fee Schedule payment amount + hospital specific outlier factor).

If costs exceed the outlier threshold, the case is a cost outlier case and the admission is reimbursed at the Inpatient Hospital Fee Schedule payment amount + (0.8 x (costs – cost outlier threshold)).

NOTE: For purposes of determining whether a case qualifies as a cost outlier case under this subsection, implantable hardware and/or instrumentation reimbursed under subsection (8) below is excluded from the calculation of costs. Once an admission for DRGs 496 through 500 qualifies as a cost outlier case, any implantable hardware and/or instrumentation shall be separately reimbursed under subsection (8) below.

- (d) Any health care facility that believes its composite factor or hospital specific outlier factor was erroneously determined because of an error in tabulating data may request the Administrative Director for a re-determination of its composite factor or hospital specific outlier factor. Such requests shall be in writing, shall state the alleged error, and shall be supported by written documentation. Within 30 days after receiving a complete written request, the Administrative Director shall make a redetermination of the composite factor or hospital specific outlier factor or reaffirm the published factor.
- (e) This section, except as provided in subsections (c)(7) and (c)(8), shall apply to covered inpatient hospital stays for which the day of admittance is on or after April 1, 1999.
- (f) Subsections (c)(7) and (c)(8) shall remain in effect only through December 31, 2001, and shall not apply to admissions occurring on or after January 1, 2002.

AN IMPORTANT NOTE CONCERNING SUBSECTIONS (c)(7) AND (c)(8):

Labor Code Section 5318, (as added by Statutes of 2001, chapter 252, effective January 1, 2002,) provides that: "Notwithstanding any other provision of law, the termination date of December 31, 2001, provided in Section 9792.1(f) of Title 8 of the California Code of Regulations shall be extended until the effective date of new regulations adopted by the administrative director, as required by Section 5307.1, providing for the biennial review of the fee schedule for health care facilities." Sections 9792.1 (c)(7) and (c)(8) will therefore remain in effect for admissions on or after January 1, 2002, and will not sunset.

Authority cited: Sections 133, 4603.5, 5307.1, and 5307.3 and 5318, Labor Code.

Reference: Sections 4600, 4603.2, and 5307.1 and 5318, Labor Code.

APPENDIX A

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST- TO- CHARGE RATIO</u>	<u>OPERATING COST- TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50002	ST. ROSE HOSPITAL	7626.1	0.018	0.372	0.390	\$19.6
50006	ST. JOSEPH HOSPITAL, EUREKA	4303.8	0.036	0.359	0.395	\$14.3
50007	MILLS PENINSULA MEDICAL CENTER	5732.9	0.035	0.364	0.399	\$18.8
50008	DAVIES MEDICAL CENTER	6366.3	0.039	0.317	0.356	\$18.8
50009	QUEEN OF THE VALLEY	5214.8	0.041	0.357	0.398	\$16.8
50013	ST. HELENA HOSPITAL	5286.9	0.024	0.430	0.454	\$16.8
50014	SUTTER AMADOR HOSPITAL	4303.8	0.020	0.353	0.373	\$14.3
50015	NORTHERN INYO HOSPITAL	4346.0	0.028	0.701	0.729	\$14.3
50016	ARROYO GRANDE COMMUNITY HOSPITAL	4553.8	0.108	0.394	0.502	\$15.1
50017	MERCY GENERAL HOSPITAL	5765.8	0.022	0.241	0.263	\$16.5
50018	PACIFIC ALLIANCE MEDICAL CNTR.	8999.4	0.043	0.393	0.436	\$16.6
50022	RIVERSIDE COMMUNITY	5171.4	0.044	0.337	0.381	\$15.6
50024	PARADISE VALLEY HOSPITAL	7440.0	0.024	0.360	0.384	\$16.3
50025	UCSD MEDICAL CENTER	8430.0	0.057	0.321	0.378	\$16.3
50026	GROSSMONT HOSPITAL	5834.5	0.043	0.318	0.361	\$16.3
50028	MAD RIVER COMMUNITY HOSPITAL	4303.8	0.026	0.418	0.444	\$14.3
50029	ST. LUKE MEDICAL CENTER	6514.7	0.031	0.238	0.269	\$16.6
50030	OROVILLE HOSPITAL	5185.6	0.048	0.495	0.543	\$14.4
50032	WARRACK HOSPITAL	5159.2	0.033	0.500	0.533	\$17.2
50033	MOUNT ZION MEDICAL CENTER OF UCSF	8623.8	0.042	0.407	0.449	\$18.8
50036	MEMORIAL HOSPITAL	4314.7	0.055	0.358	0.413	\$14.3
50038	SANTA CLARA VALLEY MEDICAL CENTER	9378.9	0.045	0.538	0.583	\$18.1
50039	ENLOE MEDICAL CENTER	4630.0	0.026	0.434	0.460	\$14.4
50040	LAC OLIVE VIEW/UCLA MEDICAL CENTER	10003.1	0.033	0.329	0.362	\$16.6
50042	ST. ELIZABETH COMMUNITY HOSPITAL	4346.0	0.030	0.413	0.443	\$14.3
50043	SUMMIT MEDICAL CENTER	7556.7	0.016	0.340	0.356	\$19.6
50045	EL CENTRO REGIONAL MED. CTR.	5940.4	0.021	0.357	0.378	\$14.3
50046	OJAI VALLEY COMMUNITY HOSPITAL	4494.1	0.059	0.675	0.734	\$14.9
50047	CALIFORNIA PACIFIC MEDICAL CENTER	7124.8	0.029	0.373	0.402	\$18.8
50051	ALTA DISTRICT HOSPITAL	4303.8	0.036	0.586	0.622	\$14.3
50054	SAN GORGONIO MEMORIAL HOSPITAL	4981.7	0.024	0.330	0.354	\$15.6
50055	ST. LUKES HOSPITAL	8503.5	0.026	0.360	0.386	\$18.8
50056	ANTELOPE VALLEY HOSPITAL	6281.4	0.043	0.313	0.356	\$16.6
50057	KAWEAH DELTA HEALTH CARE DISTRICT	5269.1	0.031	0.430	0.461	\$14.3

50058	<u>GLENDAL</u> <u>MEMORIAL</u>	<u>7144.1</u>	<u>0.031</u>	<u>0.278</u>	<u>0.309</u>	<u>\$16.6</u>
	<u>HOSPITAL & HLTH CT</u>					
50060	<u>FRESNO COMMUNITY HOSP &</u>	<u>5731.0</u>	<u>0.029</u>	<u>0.337</u>	<u>0.366</u>	<u>\$14.6</u>
	<u>MED CENTER</u>					
50061	<u>ST. FRANCIS MEDICAL CENTER</u>	<u>4530.4</u>	<u>0.057</u>	<u>0.356</u>	<u>0.413</u>	<u>\$15.1</u>
50063	<u>QUEEN OF ANGELS - HLLYWD</u>	<u>8430.2</u>	<u>0.033</u>	<u>0.296</u>	<u>0.329</u>	<u>\$16.6</u>
	<u>PRES MC</u>					
50065	<u>WMC SANTA ANA</u>	<u>7039.7</u>	<u>0.057</u>	<u>0.314</u>	<u>0.371</u>	<u>\$16.0</u>
50066	<u>BAY HARBOR HOSPITAL</u>	<u>5818.7</u>	<u>0.016</u>	<u>0.302</u>	<u>0.318</u>	<u>\$16.6</u>
50067	<u>OAK VALLEY DISTRICT</u>	<u>4468.6</u>	<u>0.029</u>	<u>0.359</u>	<u>0.388</u>	<u>\$14.9</u>
	<u>HOSPITAL</u>					
50068	<u>LINDSAY DISTRICT HOSPITAL</u>	<u>4494.2</u>	<u>0.014</u>	<u>0.487</u>	<u>0.501</u>	<u>\$14.3</u>
50069	<u>ST. JOSEPH HOSPITAL</u>	<u>5069.0</u>	<u>0.029</u>	<u>0.284</u>	<u>0.313</u>	<u>\$16.6</u>
50070	<u>KFH- SSF</u>	<u>5729.5</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$18.8</u>
50071	<u>KFH - SANTA CLARA</u>	<u>7040.9</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$19.6</u>
50072	<u>KFH - WALNUT CREEK</u>	<u>6149.7</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$19.6</u>
50073	<u>KFH - VALLEJO</u>	<u>5946.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$19.5</u>
50075	<u>KFH - OAKLAND</u>	<u>7131.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$19.6</u>
50076	<u>KFH - SAN FRANCISCO</u>	<u>7132.4</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$19.6</u>
50077	<u>MERCY HOSPITAL</u>	<u>6346.8</u>	<u>0.034</u>	<u>0.300</u>	<u>0.334</u>	<u>\$16.3</u>
50078	<u>SAN PEDRO PENINSULA</u>	<u>5498.4</u>	<u>0.028</u>	<u>0.268</u>	<u>0.296</u>	<u>\$16.6</u>
50079	<u>DOCTORS MEDICAL CENTER-</u>	<u>7288.6</u>	<u>0.021</u>	<u>0.289</u>	<u>0.310</u>	<u>\$19.6</u>
	<u>SAN PABLO</u>					
50082	<u>ST. JOHN'S REGIONAL MEDICAL</u>	<u>5247.3</u>	<u>0.074</u>	<u>0.343</u>	<u>0.417</u>	<u>\$14.9</u>
	<u>CENTER</u>					
50084	<u>ST. JOSEPH'S MEDICAL CENTER</u>	<u>5020.2</u>	<u>0.022</u>	<u>0.260</u>	<u>0.282</u>	<u>\$15.1</u>
50088	<u>SAN LUIS OBISPO GENERAL</u>	<u>4755.3</u>	<u>0.025</u>	<u>0.735</u>	<u>0.760</u>	<u>\$15.1</u>
	<u>HOSPITAL</u>					
50089	<u>COMMUNITY HOSPITAL OF SAN</u>	<u>7291.2</u>	<u>0.046</u>	<u>0.315</u>	<u>0.361</u>	<u>\$15.7</u>
	<u>BERNARDINO</u>					
50090	<u>SONOMA VALLEY HEALTH</u>	<u>5159.2</u>	<u>0.055</u>	<u>0.437</u>	<u>0.492</u>	<u>\$17.2</u>
	<u>CARE DIST.</u>					
50091	<u>COMMUNITY HOSPITALS OF</u>	<u>9079.1</u>	<u>0.032</u>	<u>0.277</u>	<u>0.309</u>	<u>\$16.6</u>
	<u>HUNTINGTON PK</u>					
50092	<u>GLENN MEDICAL CENTER</u>	<u>4730.9</u>	<u>0.050</u>	<u>0.747</u>	<u>0.797</u>	<u>\$14.3</u>
50093	<u>SAINT AGNES MEDICAL CENTER</u>	<u>4603.7</u>	<u>0.043</u>	<u>0.353</u>	<u>0.396</u>	<u>\$14.6</u>
50096	<u>DR'S HOSPITAL OF WEST</u>	<u>5406.7</u>	<u>0.039</u>	<u>0.304</u>	<u>0.343</u>	<u>\$16.6</u>
	<u>COVINA</u>					
50097	<u>GENERAL HOSPITAL</u>	<u>4303.8</u>	<u>0.033</u>	<u>0.367</u>	<u>0.400</u>	<u>\$14.3</u>
50099	<u>SAN ANTONIO COMMUNITY</u>	<u>5661.2</u>	<u>0.031</u>	<u>0.293</u>	<u>0.324</u>	<u>\$15.6</u>
	<u>HOSPITAL</u>					
50100	<u>SHARP MEMORIAL HOSPITAL</u>	<u>5783.9</u>	<u>0.041</u>	<u>0.359</u>	<u>0.400</u>	<u>\$16.3</u>
50101	<u>SUTTER SOLANO MEDICAL</u>	<u>6430.3</u>	<u>0.025</u>	<u>0.290</u>	<u>0.315</u>	<u>\$16.8</u>
	<u>CENTER</u>					
50102	<u>PARKVIEW COMMUNITY</u>	<u>5928.8</u>	<u>0.024</u>	<u>0.340</u>	<u>0.364</u>	<u>\$15.6</u>
	<u>HOSPITAL</u>					
50103	<u>WHITE MEMORIAL MEDICAL</u>	<u>8308.7</u>	<u>0.044</u>	<u>0.335</u>	<u>0.379</u>	<u>\$16.6</u>
	<u>CENTER</u>					
50104	<u>ST. FRANCIS MEDICAL CENTER</u>	<u>7922.8</u>	<u>0.022</u>	<u>0.271</u>	<u>0.293</u>	<u>\$16.6</u>
50107	<u>MARIAN MEDICAL CENTER</u>	<u>5215.2</u>	<u>0.058</u>	<u>0.378</u>	<u>0.436</u>	<u>\$15.1</u>
50108	<u>SUTTER COMMUNITY HOSPITAL</u>	<u>5789.3</u>	<u>0.036</u>	<u>0.278</u>	<u>0.314</u>	<u>\$16.5</u>
50110	<u>LOMPOC DISTRICT HOSPITAL</u>	<u>4530.4</u>	<u>0.042</u>	<u>0.436</u>	<u>0.478</u>	<u>\$15.1</u>
50111	<u>TEMPLE COMMUNITY HOSPITAL</u>	<u>7509.1</u>	<u>0.016</u>	<u>0.285</u>	<u>0.301</u>	<u>\$16.6</u>
50112	<u>SANTA MONICA HOSPITAL</u>	<u>5570.3</u>	<u>0.039</u>	<u>0.355</u>	<u>0.394</u>	<u>\$16.6</u>
50113	<u>SAN MATEO COUNTY GENERAL</u>	<u>6178.8</u>	<u>0.028</u>	<u>0.886</u>	<u>0.914</u>	<u>\$18.8</u>

50114	<u>SHERMAN OAKS HOSP AND</u> <u>HLTH CENTER</u>	<u>5268.7</u>	<u>0.047</u>	<u>0.430</u>	<u>0.477</u>	<u>\$16.6</u>
50115	<u>PALOMAR MEDICAL CENTER</u>	<u>5573.1</u>	<u>0.044</u>	<u>0.342</u>	<u>0.386</u>	<u>\$16.3</u>
50116	<u>NORTHRIDGE HOSPITAL</u> <u>MEDICAL CENTER</u>	<u>5974.7</u>	<u>0.029</u>	<u>0.275</u>	<u>0.304</u>	<u>\$16.6</u>
50117	<u>MERCY HOSPITAL & HEALTH</u> <u>SYSTEM</u>	<u>4954.2</u>	<u>0.021</u>	<u>0.308</u>	<u>0.329</u>	<u>\$14.3</u>
50118	<u>DOCTORS HOSPITAL OF</u> <u>MANTECA</u>	<u>4540.3</u>	<u>0.029</u>	<u>0.225</u>	<u>0.254</u>	<u>\$15.1</u>
50121	<u>HANFORD COMMUNITY</u> <u>MEDICAL CENTER</u>	<u>4303.8</u>	<u>0.021</u>	<u>0.391</u>	<u>0.412</u>	<u>\$14.3</u>
50122	<u>DAMERON HOSPITAL</u>	<u>5554.0</u>	<u>0.015</u>	<u>0.280</u>	<u>0.295</u>	<u>\$15.1</u>
50124	<u>VERDUGO HILLS HOSPITAL</u>	<u>5057.3</u>	<u>0.053</u>	<u>0.310</u>	<u>0.363</u>	<u>\$16.6</u>
50125	<u>ALEXIAN BROS. HOSPITAL</u>	<u>7865.2</u>	<u>0.032</u>	<u>0.280</u>	<u>0.312</u>	<u>\$18.1</u>
50126	<u>VALLEY PRESBYTERIAN</u> <u>HOSPITAL</u>	<u>6606.0</u>	<u>0.047</u>	<u>0.312</u>	<u>0.359</u>	<u>\$16.6</u>
50127	<u>WOODLAND MEMORIAL</u> <u>HOSPITAL</u>	<u>4896.1</u>	<u>0.046</u>	<u>0.476</u>	<u>0.522</u>	<u>\$14.7</u>
50128	<u>TRI-CITY MEDICAL CENTER</u>	<u>5188.6</u>	<u>0.043</u>	<u>0.309</u>	<u>0.352</u>	<u>\$16.3</u>
50129	<u>ST. BERNARDINE MEDICAL</u> <u>CENTER</u>	<u>6071.7</u>	<u>0.072</u>	<u>0.392</u>	<u>0.464</u>	<u>\$15.7</u>
50131	<u>NOVATO COMMUNITY</u> <u>HOSPITAL</u>	<u>5729.5</u>	<u>0.026</u>	<u>0.464</u>	<u>0.490</u>	<u>\$18.8</u>
50132	<u>SAN GABRIEL VALLEY MEDICAL</u> <u>CENTER</u>	<u>5928.3</u>	<u>0.038</u>	<u>0.251</u>	<u>0.289</u>	<u>\$16.6</u>
50133	<u>RIDEOUT MEMORIAL HOSPITAL</u>	<u>5334.9</u>	<u>0.044</u>	<u>0.443</u>	<u>0.487</u>	<u>\$15.2</u>
50135	<u>HOLLYWOOD COMM. HOSP OF</u> <u>HOLLYWOOD</u>	<u>6497.7</u>	<u>0.027</u>	<u>0.377</u>	<u>0.404</u>	<u>\$16.6</u>
50136	<u>PETALUMA VALLEY HOSPITAL</u>	<u>5159.2</u>	<u>0.036</u>	<u>0.489</u>	<u>0.525</u>	<u>\$17.2</u>
50137	<u>KAISER FOUNDATION</u> <u>HOSPITALS-PANORAMA</u>	<u>5088.3</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$16.6</u>
50138	<u>KAISER FOUNDATION</u> <u>HOSPITALS - SUNSET</u>	<u>5938.5</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$16.6</u>
50139	<u>KAISER FOUND. HOSPITALS -</u> <u>BELLFLOWER</u>	<u>5118.5</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$16.6</u>
50140	<u>KAISER FOUND. HOSPITALS -</u> <u>FONTANA</u>	<u>5082.3</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$15.6</u>
50144	<u>BROTMAN MEDICAL CENTER</u>	<u>6207.8</u>	<u>0.050</u>	<u>0.318</u>	<u>0.368</u>	<u>\$16.6</u>
50145	<u>COMMUNITY HOSP. MONTEREY</u> <u>PENINSULA</u>	<u>5869.7</u>	<u>0.032</u>	<u>0.463</u>	<u>0.495</u>	<u>\$19.1</u>
50148	<u>PLUMAS DISTRICT HOSPITAL</u> <u>MCARE RPT</u>	<u>4346.0</u>	<u>0.034</u>	<u>0.466</u>	<u>0.500</u>	<u>\$14.3</u>
50149	<u>CALIFORNIA HOSPITAL</u> <u>MEDICAL CENTER</u>	<u>8562.6</u>	<u>0.035</u>	<u>0.353</u>	<u>0.388</u>	<u>\$16.6</u>
50150	<u>SIERRA NEVADA MEMORIAL</u> <u>HOSPITAL</u>	<u>4948.0</u>	<u>0.073</u>	<u>0.459</u>	<u>0.532</u>	<u>\$16.5</u>
50152	<u>SAINT FRANCIS MEMORIAL</u> <u>HOSPITAL</u>	<u>7135.7</u>	<u>0.032</u>	<u>0.292</u>	<u>0.324</u>	<u>\$18.8</u>
50153	<u>O'CONNOR HOSPITAL</u>	<u>5991.8</u>	<u>0.036</u>	<u>0.363</u>	<u>0.399</u>	<u>\$18.1</u>
50155	<u>MONROVIA COMMUNITY</u> <u>HOSPITAL</u>	<u>5408.9</u>	<u>0.039</u>	<u>0.314</u>	<u>0.353</u>	<u>\$16.6</u>
50158	<u>ENCINO-TARZANA REG MED</u> <u>CENTER</u>	<u>5071.9</u>	<u>0.038</u>	<u>0.361</u>	<u>0.399</u>	<u>\$16.6</u>
50159	<u>VENTURA COUNTY MEDICAL</u>	<u>7638.6</u>	<u>0.024</u>	<u>0.504</u>	<u>0.528</u>	<u>\$14.9</u>

50167	<u>CENTER</u> <u>SAN JOAQUIN GENERAL</u>	<u>7581.0</u>	<u>0.048</u>	<u>0.451</u>	<u>0.499</u>	<u>\$15.1</u>
50168	<u>HOSPITAL</u> <u>ST. JUDE MEDICAL CENTER</u>	<u>4875.0</u>	<u>0.022</u>	<u>0.282</u>	<u>0.304</u>	<u>\$15.9</u>
50169	<u>PRESBYTERIAN</u> <u>INTERCOMMUNITY</u>	<u>5662.7</u>	<u>0.041</u>	<u>0.290</u>	<u>0.331</u>	<u>\$16.6</u>
50170	<u>LONG BEACH COMMUNITY</u> <u>MEDICAL CENTER</u>	<u>5651.6</u>	<u>0.032</u>	<u>0.333</u>	<u>0.365</u>	<u>\$16.6</u>
50172	<u>REDWOOD MEMORIAL</u> <u>HOSPITAL</u>	<u>4303.8</u>	<u>0.036</u>	<u>0.428</u>	<u>0.464</u>	<u>\$14.3</u>
50173	<u>ANAHEIM GENERAL HOSPITAL</u>	<u>6486.4</u>	<u>0.013</u>	<u>0.275</u>	<u>0.288</u>	<u>\$15.9</u>
50174	<u>SANTA ROSA MEMORIAL</u> <u>HOSPITAL</u>	<u>5179.2</u>	<u>0.039</u>	<u>0.462</u>	<u>0.501</u>	<u>\$17.2</u>
50175	<u>WHITTIER HOSPITAL MEDICAL</u> <u>CENTER</u>	<u>6697.3</u>	<u>0.039</u>	<u>0.291</u>	<u>0.330</u>	<u>\$16.6</u>
50177	<u>SANTA PAULA MEMORIAL</u> <u>HOSPITAL</u>	<u>4693.0</u>	<u>0.028</u>	<u>0.546</u>	<u>0.574</u>	<u>\$14.9</u>
50179	<u>EMANUEL MEDICAL CENTER</u>	<u>5133.3</u>	<u>0.038</u>	<u>0.353</u>	<u>0.391</u>	<u>\$14.9</u>
50180	<u>JOHN MUIR MEDICAL CENTER</u>	<u>5985.2</u>	<u>0.036</u>	<u>0.305</u>	<u>0.341</u>	<u>\$19.6</u>
50186	<u>SCRIPPS HOSPITAL - EAST</u> <u>COUNTY</u>	<u>5747.0</u>	<u>0.051</u>	<u>0.370</u>	<u>0.421</u>	<u>\$16.3</u>
50188	<u>COMM HOSP.& REHAB- LOS</u> <u>GATOS</u>	<u>5534.0</u>	<u>0.045</u>	<u>0.253</u>	<u>0.298</u>	<u>\$18.2</u>
50189	<u>GEORGE L. MEE MEMORIAL</u> <u>HOSPITAL</u>	<u>6039.3</u>	<u>0.036</u>	<u>0.493</u>	<u>0.529</u>	<u>\$19.1</u>
50191	<u>ST MARY MEDICAL CENTER</u>	<u>7071.6</u>	<u>0.039</u>	<u>0.255</u>	<u>0.294</u>	<u>\$16.6</u>
50192	<u>SIERRA KINGS DISTRICT</u> <u>HOSPITAL</u>	<u>4572.4</u>	<u>0.038</u>	<u>0.520</u>	<u>0.558</u>	<u>\$14.6</u>
50193	<u>SOUTH COAST MEDICAL</u> <u>CENTER</u>	<u>4867.8</u>	<u>0.027</u>	<u>0.268</u>	<u>0.295</u>	<u>\$15.9</u>
50194	<u>WATSONVILLE COMMUNITY</u> <u>HOSPITAL</u>	<u>6816.0</u>	<u>0.030</u>	<u>0.387</u>	<u>0.417</u>	<u>\$18.6</u>
50195	<u>WASHINGTON HOSPITAL</u> <u>DISTRICT</u>	<u>6805.6</u>	<u>0.024</u>	<u>0.336</u>	<u>0.360</u>	<u>\$19.6</u>
50196	<u>CENTRAL VALLEY GENERAL</u> <u>HOSP</u>	<u>4456.1</u>	<u>0.021</u>	<u>0.382</u>	<u>0.403</u>	<u>\$14.3</u>
50197	<u>SEQUOIA HEALTH SERVICES</u>	<u>5739.1</u>	<u>0.030</u>	<u>0.449</u>	<u>0.479</u>	<u>\$18.8</u>
50204	<u>LANCASTER HOSPITAL</u>	<u>5201.4</u>	<u>0.022</u>	<u>0.251</u>	<u>0.273</u>	<u>\$16.6</u>
50205	<u>HUNTINGTON EAST VALLEY</u> <u>HOSPITAL</u>	<u>7228.2</u>	<u>0.044</u>	<u>0.419</u>	<u>0.463</u>	<u>\$16.6</u>
50207	<u>FREMONT MEDICAL CENTER</u>	<u>5423.3</u>	<u>0.030</u>	<u>0.494</u>	<u>0.524</u>	<u>\$15.2</u>
50211	<u>ALAMEDA HOSPITAL</u>	<u>6385.2</u>	<u>0.014</u>	<u>0.250</u>	<u>0.264</u>	<u>\$19.6</u>
50213	<u>UNIVERSITY MEDICAL CENTER</u>	<u>7604.5</u>	<u>0.021</u>	<u>0.439</u>	<u>0.460</u>	<u>\$14.6</u>
50214	<u>GRANADA HILLS COMMUNITY</u> <u>HOSPITAL</u>	<u>6473.8</u>	<u>0.022</u>	<u>0.303</u>	<u>0.325</u>	<u>\$16.6</u>
50215	<u>SAN JOSE MEDICAL CENTER</u>	<u>7139.9</u>	<u>0.130</u>	<u>0.425</u>	<u>0.555</u>	<u>\$18.2</u>
50217	<u>FAIRCHILD MEDICAL CENTER</u>	<u>4346.0</u>	<u>0.045</u>	<u>0.616</u>	<u>0.661</u>	<u>\$14.3</u>
50219	<u>COAST PLAZA DOCTORS</u> <u>HOSPITAL</u>	<u>6698.9</u>	<u>0.023</u>	<u>0.288</u>	<u>0.311</u>	<u>\$16.6</u>
50222	<u>SHARP CHULA VISTA MEDICAL</u> <u>CTR</u>	<u>6376.7</u>	<u>0.044</u>	<u>0.326</u>	<u>0.370</u>	<u>\$16.3</u>
50224	<u>HOAG MEMORIAL HOSPITAL</u> <u>PRESBYTERIAN</u>	<u>4869.0</u>	<u>0.036</u>	<u>0.380</u>	<u>0.416</u>	<u>\$15.9</u>
50225	<u>FEATHER RIVER HOSPITAL</u>	<u>4510.5</u>	<u>0.047</u>	<u>0.450</u>	<u>0.497</u>	<u>\$14.4</u>
50226	<u>ANAHEIM MEMORIAL MEDICAL</u>	<u>5034.2</u>	<u>0.052</u>	<u>0.299</u>	<u>0.351</u>	<u>\$16.0</u>

50228	<u>CENTER</u> <u>SAN FRANCISCO GENERAL</u>	<u>10776.1</u>	<u>0.016</u>	<u>0.535</u>	<u>0.551</u>	<u>\$18.8</u>
50230	<u>HOSPITAL</u> <u>GARDEN GROVE MEDICAL</u>	<u>6972.4</u>	<u>0.029</u>	<u>0.262</u>	<u>0.291</u>	<u>\$15.9</u>
50231	<u>CENTER</u> <u>POMONA VALLEY HOSPITAL</u>	<u>6615.4</u>	<u>0.024</u>	<u>0.264</u>	<u>0.288</u>	<u>\$16.6</u>
50232	<u>MED CTR</u> <u>FRENCH HOSPITAL MEDICAL</u>	<u>4562.2</u>	<u>0.033</u>	<u>0.262</u>	<u>0.295</u>	<u>\$15.1</u>
50234	<u>CENTER</u> <u>SHARP CORONADO HOSPITAL</u>	<u>4979.7</u>	<u>0.035</u>	<u>0.464</u>	<u>0.499</u>	<u>\$16.3</u>
50235	<u>PROVIDENCE SAINT JOSEPH</u>	<u>5361.5</u>	<u>0.046</u>	<u>0.403</u>	<u>0.449</u>	<u>\$16.6</u>
50236	<u>MED CTR</u> <u>SIMI VALLEY HOSPITAL</u>	<u>5177.0</u>	<u>0.036</u>	<u>0.326</u>	<u>0.362</u>	<u>\$16.5</u>
50238	<u>METHODIST HOSPITAL OF</u>	<u>5065.0</u>	<u>0.042</u>	<u>0.353</u>	<u>0.395</u>	<u>\$16.6</u>
50239	<u>SOUTHERN CA</u> <u>GLENDALE ADVENTIST</u>	<u>7355.8</u>	<u>0.052</u>	<u>0.607</u>	<u>0.659</u>	<u>\$16.6</u>
50240	<u>MEDICAL CENTER</u> <u>CENTINELA HOSPITAL MEDICAL</u>	<u>6795.9</u>	<u>0.049</u>	<u>0.298</u>	<u>0.347</u>	<u>\$16.6</u>
50242	<u>CENTER</u> <u>DOMINICAN SANTA CRUZ</u>	<u>6176.1</u>	<u>0.034</u>	<u>0.331</u>	<u>0.365</u>	<u>\$18.6</u>
50243	<u>HOSPITAL</u> <u>DESERT HOSPITAL</u>	<u>5437.4</u>	<u>0.044</u>	<u>0.260</u>	<u>0.304</u>	<u>\$15.7</u>
50245	<u>ARROWHEAD REGIONAL</u>	<u>8153.0</u>	<u>0.015</u>	<u>0.476</u>	<u>0.491</u>	<u>\$15.6</u>
50248	<u>MEDICAL CENTER</u> <u>NATIVIDAD MEDICAL CENTER</u>	<u>8830.3</u>	<u>0.016</u>	<u>0.393</u>	<u>0.409</u>	<u>\$19.1</u>
50251	<u>LASSEN COMMUNITY HOSPITAL</u>	<u>4730.9</u>	<u>0.039</u>	<u>0.476</u>	<u>0.515</u>	<u>\$14.3</u>
50253	<u>LINCOLN LLC</u>	<u>6066.4</u>	<u>0.028</u>	<u>0.301</u>	<u>0.329</u>	<u>\$15.9</u>
50254	<u>MARSHALL HOSPITAL</u>	<u>5033.6</u>	<u>0.085</u>	<u>0.431</u>	<u>0.516</u>	<u>\$16.5</u>
50256	<u>ORTHOPAEDIC HOSPITAL</u>	<u>6853.0</u>	<u>0.046</u>	<u>0.447</u>	<u>0.493</u>	<u>\$16.6</u>
50257	<u>GOOD SAMARITAN HOSPITAL</u>	<u>4494.2</u>	<u>0.080</u>	<u>0.320</u>	<u>0.400</u>	<u>\$14.3</u>
50260	<u>MOUNTAINS COMMUNITY</u>	<u>4770.8</u>	<u>0.042</u>	<u>0.460</u>	<u>0.502</u>	<u>\$15.6</u>
50261	<u>HOSPITAL</u> <u>SIERRA VIEW DISTRICT</u>	<u>5092.2</u>	<u>0.064</u>	<u>0.390</u>	<u>0.454</u>	<u>\$14.3</u>
50262	<u>HOSPITAL</u> <u>UCLA MEDICAL CENTER</u>	<u>7975.2</u>	<u>0.039</u>	<u>0.387</u>	<u>0.426</u>	<u>\$16.6</u>
50264	<u>SAN LEANDRO HOSPITAL</u>	<u>5974.6</u>	<u>0.039</u>	<u>0.337</u>	<u>0.376</u>	<u>\$19.6</u>
50267	<u>DANIEL FREEMAN MEMORIAL</u>	<u>6571.3</u>	<u>0.023</u>	<u>0.248</u>	<u>0.271</u>	<u>\$16.6</u>
50270	<u>HOSP</u> <u>SMH - CHULA VISTA</u>	<u>6795.5</u>	<u>0.036</u>	<u>0.305</u>	<u>0.341</u>	<u>\$16.3</u>
50272	<u>REDLANDS COMMUNITY</u>	<u>4783.7</u>	<u>0.035</u>	<u>0.292</u>	<u>0.327</u>	<u>\$15.6</u>
50276	<u>HOSPITAL</u> <u>CONTRA COSTA REGIONAL</u>	<u>9454.0</u>	<u>0.017</u>	<u>0.666</u>	<u>0.683</u>	<u>\$19.6</u>
50277	<u>MEDICAL CNTR</u> <u>PACIFIC HOSPITAL OF LONG</u>	<u>7263.8</u>	<u>0.024</u>	<u>0.387</u>	<u>0.411</u>	<u>\$16.6</u>
50278	<u>BEACH</u> <u>PROVIDENCE HOLY CROSS</u>	<u>5769.4</u>	<u>0.039</u>	<u>0.282</u>	<u>0.321</u>	<u>\$16.6</u>
50279	<u>MEDICAL CENTER</u> <u>HI - DESERT MEDICAL CENTER</u>	<u>4817.5</u>	<u>0.054</u>	<u>0.491</u>	<u>0.545</u>	<u>\$15.6</u>
50280	<u>MERCY MEDICAL CENTER</u>	<u>5635.0</u>	<u>0.029</u>	<u>0.296</u>	<u>0.325</u>	<u>\$16.2</u>
50281	<u>ALHAMBRA HOSPITAL</u>	<u>7401.6</u>	<u>0.039</u>	<u>0.320</u>	<u>0.359</u>	<u>\$16.6</u>
50282	<u>MARTIN LUTHER HOSPITAL</u>	<u>5945.2</u>	<u>0.038</u>	<u>0.321</u>	<u>0.359</u>	<u>\$15.9</u>
50283	<u>VALLEY MEMORIAL HOSPITAL</u>	<u>5974.6</u>	<u>0.035</u>	<u>0.269</u>	<u>0.304</u>	<u>\$19.6</u>
50289	<u>SETON MEDICAL CENTER</u>	<u>6749.3</u>	<u>0.036</u>	<u>0.357</u>	<u>0.393</u>	<u>\$18.8</u>
50290	<u>SAINT JOHN'S HOSPITAL</u>	<u>5063.8</u>	<u>0.027</u>	<u>0.307</u>	<u>0.334</u>	<u>\$16.6</u>
50291	<u>SUTTER COMMUNITY HOSPITAL</u>	<u>8312.9</u>	<u>0.039</u>	<u>0.499</u>	<u>0.538</u>	<u>\$17.2</u>

	<u>SANTA ROSA</u>					
50292	<u>RIVERSIDE COUNTY REGIONAL</u>	<u>7310.5</u>	<u>0.018</u>	<u>0.480</u>	<u>0.498</u>	<u>\$15.6</u>
	<u>MED CENTER</u>					
50293	<u>PACIFIC COAST HOSPITAL</u>	<u>7084.4</u>	<u>0.112</u>	<u>0.835</u>	<u>0.947</u>	<u>\$18.8</u>
50295	<u>MERCY HOSPITAL</u>	<u>4464.2</u>	<u>0.055</u>	<u>0.314</u>	<u>0.369</u>	<u>\$14.3</u>
50296	<u>HAZEL HAWKINS MEM.</u>	<u>5541.7</u>	<u>0.036</u>	<u>0.442</u>	<u>0.478</u>	<u>\$18</u>
	<u>HOSPITAL</u>					
50298	<u>BARSTOW COMMUNITY</u>	<u>4770.8</u>	<u>0.036</u>	<u>0.282</u>	<u>0.318</u>	<u>\$15.6</u>
	<u>HOSPITAL</u>					
50299	<u>NHMC-SHERMAN WAY CAMPUS</u>	<u>7150.0</u>	<u>0.042</u>	<u>0.351</u>	<u>0.393</u>	<u>\$16.6</u>
50300	<u>ST. MARY REGIONAL</u>	<u>5606.9</u>	<u>0.040</u>	<u>0.325</u>	<u>0.365</u>	<u>\$15.6</u>
50301	<u>UKIAH VALLEY MEDICAL</u>	<u>5263.3</u>	<u>0.034</u>	<u>0.486</u>	<u>0.520</u>	<u>\$16</u>
	<u>CENTER</u>					
50305	<u>ALTA BATES MEDICAL CENTER</u>	<u>7233.9</u>	<u>0.028</u>	<u>0.278</u>	<u>0.306</u>	<u>\$19.6</u>
50308	<u>EL CAMINO HOSPITAL</u>	<u>5542.8</u>	<u>0.031</u>	<u>0.335</u>	<u>0.366</u>	<u>\$18.1</u>
50309	<u>SUTTER ROSEVILLE MEDICAL</u>	<u>5237.1</u>	<u>0.035</u>	<u>0.287</u>	<u>0.322</u>	<u>\$16.5</u>
	<u>CENTER</u>					
50312	<u>REDDING MEDICAL CENTER</u>	<u>5071.6</u>	<u>0.015</u>	<u>0.361</u>	<u>0.376</u>	<u>\$16.2</u>
50313	<u>SUTTER TRACY COMMUNITY</u>	<u>4540.3</u>	<u>0.058</u>	<u>0.301</u>	<u>0.359</u>	<u>\$15.1</u>
	<u>HOSPITAL</u>					
50315	<u>KERN MEDICAL CENTER</u>	<u>7908.4</u>	<u>0.030</u>	<u>0.574</u>	<u>0.604</u>	<u>\$14.3</u>
50320	<u>ALAMEDA COUNTY MEDICAL</u>	<u>10196.1</u>	<u>0.017</u>	<u>0.608</u>	<u>0.625</u>	<u>\$19.6</u>
	<u>CENTER</u>					
50324	<u>SCRIPPS MEMORIAL HOSPITAL -</u>	<u>4990.5</u>	<u>0.034</u>	<u>0.280</u>	<u>0.314</u>	<u>\$16.3</u>
	<u>LA JOLLA</u>					
50325	<u>TUOLUMNE GENERAL HOSPITAL</u>	<u>4303.8</u>	<u>0.022</u>	<u>0.419</u>	<u>0.441</u>	<u>\$14.3</u>
50327	<u>LOMA LINDA UNIVERSITY</u>	<u>7076.6</u>	<u>0.036</u>	<u>0.289</u>	<u>0.325</u>	<u>\$15.6</u>
	<u>MEDICAL CTR.</u>					
50329	<u>CORONA REGIONAL MEDICAL</u>	<u>5574.6</u>	<u>0.028</u>	<u>0.274</u>	<u>0.302</u>	<u>\$15.6</u>
	<u>CENTER</u>					
50331	<u>HEALDSBURG GENERAL</u>	<u>5159.2</u>	<u>0.024</u>	<u>0.459</u>	<u>0.483</u>	<u>\$17.2</u>
	<u>HOSPITAL</u>					
50333	<u>SENECA DISTRICT HOSPITAL</u>	<u>4346.0</u>	<u>0.021</u>	<u>0.532</u>	<u>0.553</u>	<u>\$14.3</u>
50334	<u>SALINAS VALLEY MEMORIAL</u>	<u>6197.3</u>	<u>0.023</u>	<u>0.442</u>	<u>0.465</u>	<u>\$19.1</u>
	<u>HOSPITAL</u>					
50335	<u>SONORA COMMUNITY</u>	<u>4303.8</u>	<u>0.039</u>	<u>0.460</u>	<u>0.499</u>	<u>\$14.3</u>
	<u>HOSPITAL</u>					
50336	<u>LODI MEMORIAL HOSPITAL</u>	<u>4748.4</u>	<u>0.030</u>	<u>0.312</u>	<u>0.342</u>	<u>\$15.1</u>
50337	<u>DESERT PALMS COMMUNITY</u>	<u>5057.3</u>	<u>0.042</u>	<u>0.394</u>	<u>0.436</u>	<u>\$16.6</u>
	<u>HOSPITAL</u>					
50342	<u>PIONEERS MEM. HOSPITAL</u>	<u>4456.1</u>	<u>0.033</u>	<u>0.426</u>	<u>0.459</u>	<u>\$14.3</u>
50345	<u>HOSPITAL NAME NOT</u>	<u>4781.9</u>	<u>0.051</u>	<u>0.497</u>	<u>0.548</u>	<u>\$15.6</u>
	<u>AVAILABLE</u>					
50348	<u>UCI MEDICAL CENTER</u>	<u>8187.6</u>	<u>0.027</u>	<u>0.322</u>	<u>0.349</u>	<u>\$15.9</u>
50349	<u>CORCORAN DISTRICT HOSPITAL</u>	<u>4456.1</u>	<u>0.030</u>	<u>0.429</u>	<u>0.459</u>	<u>\$14.3</u>
50350	<u>BEVERLY COMMUNITY</u>	<u>6431.8</u>	<u>0.023</u>	<u>0.305</u>	<u>0.328</u>	<u>\$16.6</u>
	<u>HOSPITAL</u>					
50351	<u>TORRANCE MEMORIAL</u>	<u>5063.4</u>	<u>0.031</u>	<u>0.323</u>	<u>0.354</u>	<u>\$16.6</u>
	<u>MEDICAL CENTER</u>					
50352	<u>BARTON MEMORIAL HOSPITAL</u>	<u>5083.0</u>	<u>0.070</u>	<u>0.516</u>	<u>0.586</u>	<u>\$16.5</u>
50353	<u>LITTLE COMPANY OF MARY</u>	<u>5067.1</u>	<u>0.033</u>	<u>0.295</u>	<u>0.328</u>	<u>\$16.6</u>
	<u>HOSPITAL</u>					
50355	<u>SIERRA VALLEY DISTRICT</u>	<u>4346.0</u>	<u>0.111</u>	<u>0.640</u>	<u>0.751</u>	<u>\$14.3</u>
	<u>HOSPITAL</u>					
50357	<u>GOLETA VALLEY COTTAGE</u>	<u>4540.5</u>	<u>0.036</u>	<u>0.351</u>	<u>0.387</u>	<u>\$15.1</u>

	<u>HOSPITAL</u>					
50359	<u>TULARE DISTRICT HOSPITAL</u>	<u>5249.7</u>	<u>0.041</u>	<u>0.430</u>	<u>0.471</u>	<u>\$14.3</u>
50360	<u>MARIN GENERAL HOSPITAL</u>	<u>5875.4</u>	<u>0.050</u>	<u>0.425</u>	<u>0.475</u>	<u>\$18.8</u>
50366	<u>MARK TWAIN ST. JOSEPH'S</u>	<u>4346.0</u>	<u>0.022</u>	<u>0.346</u>	<u>0.368</u>	<u>\$14.3</u>
	<u>HOSPITAL</u>					
50367	<u>NORTHBAY MEDICAL CENTER</u>	<u>6561.2</u>	<u>0.034</u>	<u>0.233</u>	<u>0.267</u>	<u>\$16.8</u>
50369	<u>QUEEN OF THE VALLEY</u>	<u>6821.2</u>	<u>0.023</u>	<u>0.356</u>	<u>0.379</u>	<u>\$16.6</u>
	<u>HOSPITAL</u>					
50373	<u>LAC+USC MEDICAL CENTER</u>	<u>9863.6</u>	<u>0.016</u>	<u>0.347</u>	<u>0.363</u>	<u>\$16.6</u>
50376	<u>HARBOR-UCLA MEDICAL</u>	<u>10439.6</u>	<u>0.039</u>	<u>0.296</u>	<u>0.335</u>	<u>\$16.6</u>
	<u>CENTER</u>					
50377	<u>CHOWCHILLA DISTRICT</u>	<u>4378.7</u>	<u>0.032</u>	<u>0.642</u>	<u>0.674</u>	<u>\$14.6</u>
	<u>MEMORIAL HOSP</u>					
50378	<u>PACIFICA OF THE VALLEY</u>	<u>8053.4</u>	<u>0.059</u>	<u>0.476</u>	<u>0.535</u>	<u>\$16.6</u>
50379	<u>WEST SIDE DISTRICT HOSPITAL</u>	<u>4346.0</u>	<u>0.127</u>	<u>0.832</u>	<u>0.959</u>	<u>\$14.3</u>
50380	<u>GOOD SAMARITAN HOSPITAL</u>	<u>5539.0</u>	<u>0.106</u>	<u>0.556</u>	<u>0.662</u>	<u>\$18.2</u>
50382	<u>INTER-COMMUNITY MEDICAL</u>	<u>6123.9</u>	<u>0.026</u>	<u>0.340</u>	<u>0.366</u>	<u>\$16.6</u>
	<u>CENTER</u>					
50385	<u>PALM DRIVE HOSPITAL</u>	<u>5159.2</u>	<u>0.030</u>	<u>0.494</u>	<u>0.524</u>	<u>\$17.2</u>
50388	<u>SOUTHERN INYO HOSPITAL</u>	<u>4346.0</u>	<u>0.055</u>	<u>0.753</u>	<u>0.808</u>	<u>\$14.3</u>
50390	<u>HEMET VALLEY MEDICAL</u>	<u>5342.1</u>	<u>0.029</u>	<u>0.308</u>	<u>0.337</u>	<u>\$15.6</u>
	<u>CENTER</u>					
50391	<u>SANTA TERESITA HOSPITAL</u>	<u>5281.0</u>	<u>0.026</u>	<u>0.410</u>	<u>0.436</u>	<u>\$16.6</u>
50392	<u>TRINITY HOSPITAL</u>	<u>4730.9</u>	<u>0.015</u>	<u>0.610</u>	<u>0.625</u>	<u>\$14.3</u>
50393	<u>DOWNEY COMMUNITY</u>	<u>5960.7</u>	<u>0.087</u>	<u>0.716</u>	<u>0.803</u>	<u>\$16.6</u>
	<u>HOSPITAL</u>					
50394	<u>COMM MEM HOSP OF SAN</u>	<u>4498.9</u>	<u>0.026</u>	<u>0.406</u>	<u>0.432</u>	<u>\$14.9</u>
	<u>BUENAVENTURA</u>					
50396	<u>SANTA BARBARA COTTAGE</u>	<u>5094.9</u>	<u>0.022</u>	<u>0.245</u>	<u>0.267</u>	<u>\$15.1</u>
	<u>HOSPITAL</u>					
50397	<u>COALINGA REGIONAL MEDICAL</u>	<u>4421.6</u>	<u>0.085</u>	<u>0.483</u>	<u>0.568</u>	<u>\$14.6</u>
	<u>CENTER</u>					
50401	<u>WASHINGTON MEDICAL</u>	<u>5057.3</u>	<u>0.042</u>	<u>0.290</u>	<u>0.332</u>	<u>\$16.6</u>
	<u>CENTER</u>					
50404	<u>BIGGS-GRIDLEY MEMORIAL</u>	<u>4321.4</u>	<u>0.015</u>	<u>0.424</u>	<u>0.439</u>	<u>\$14.4</u>
	<u>HOSP.-CARE</u>					
50406	<u>MAYERS MEMORIAL HOSPITAL</u>	<u>4905.9</u>	<u>0.040</u>	<u>0.524</u>	<u>0.564</u>	<u>\$16.2</u>
	<u>MCARE RPT</u>					
50407	<u>CHINESE HOSPITAL</u>	<u>5983.1</u>	<u>0.034</u>	<u>0.513</u>	<u>0.547</u>	<u>\$18.8</u>
50410	<u>SANGER GENERAL HOSPITAL</u>	<u>4572.4</u>	<u>0.032</u>	<u>0.443</u>	<u>0.475</u>	<u>\$14.6</u>
50411	<u>KAISER FOUNDATION</u>	<u>5104.8</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$16.6</u>
	<u>HOSPITALS -HARBOR</u>					
50414	<u>MERCY HOSPITAL OF FOLSOM</u>	<u>5033.6</u>	<u>0.072</u>	<u>0.326</u>	<u>0.398</u>	<u>\$16.5</u>
50417	<u>SUTTER COAST HOSPITAL</u>	<u>4346.0</u>	<u>0.068</u>	<u>0.439</u>	<u>0.507</u>	<u>\$14.3</u>
50419	<u>MERCY MEDICAL CENTER MT.</u>	<u>4905.9</u>	<u>0.053</u>	<u>0.517</u>	<u>0.570</u>	<u>\$16.2</u>
	<u>SHASTA</u>					
50420	<u>ROBERT F. KENNEDY MEDICAL</u>	<u>7318.8</u>	<u>0.036</u>	<u>0.392</u>	<u>0.428</u>	<u>\$16.6</u>
	<u>CENTER</u>					
50423	<u>PALO VERDE HOSPITAL</u>	<u>5030.7</u>	<u>0.053</u>	<u>0.390</u>	<u>0.443</u>	<u>\$15.6</u>
50424	<u>GREEN HOSPITAL OF SCRIPPS</u>	<u>5539.0</u>	<u>0.042</u>	<u>0.408</u>	<u>0.450</u>	<u>\$16.3</u>
	<u>CLINIC</u>					
50425	<u>KFH - SACRAMENTO</u>	<u>5398.6</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$16.5</u>
50426	<u>WEST ANAHEIM MEDICAL</u>	<u>5079.2</u>	<u>0.024</u>	<u>0.242</u>	<u>0.266</u>	<u>\$15.9</u>
	<u>CENTER</u>					
50427	<u>AVALON MUNICIPAL HOSPITAL</u>	<u>5106.9</u>	<u>0.039</u>	<u>0.610</u>	<u>0.649</u>	<u>\$16.6</u>

50430	<u>MODOC MEDICAL CENTER</u>	<u>4730.9</u>	<u>0.019</u>	<u>0.557</u>	<u>0.576</u>	<u>\$14.3</u>
50432	<u>GARFIELD MEDICAL CTR.</u>	<u>8463.2</u>	<u>0.016</u>	<u>0.361</u>	<u>0.377</u>	<u>\$16.6</u>
50433	<u>INDIAN VALLEY HOSPITAL</u>	<u>4346.0</u>	<u>0.020</u>	<u>0.563</u>	<u>0.583</u>	<u>\$14.3</u>
50434	<u>COLUSA COMMUNITY HOSPITAL</u>	<u>4730.9</u>	<u>0.039</u>	<u>0.596</u>	<u>0.635</u>	<u>\$14.3</u>
50435	<u>FALLBROOK DISTRICT</u> <u>HOSPITAL</u>	<u>5028.5</u>	<u>0.024</u>	<u>0.374</u>	<u>0.398</u>	<u>\$16.3</u>
50438	<u>HUNTINGTON MEMORIAL</u> <u>HOSPITAL</u>	<u>6155.8</u>	<u>0.028</u>	<u>0.332</u>	<u>0.360</u>	<u>\$16.6</u>
50440	<u>HOWARD MEMORIAL HOSPITAL</u>	<u>4303.8</u>	<u>0.049</u>	<u>0.433</u>	<u>0.482</u>	<u>\$14.3</u>
50441	<u>STANFORD UNIVERSITY</u> <u>HOSPITAL</u>	<u>8212.0</u>	<u>0.032</u>	<u>0.327</u>	<u>0.359</u>	<u>\$18.1</u>
50443	<u>JOHN C. FREMONT HOSPITAL</u>	<u>4346.0</u>	<u>0.027</u>	<u>0.518</u>	<u>0.545</u>	<u>\$14.3</u>
50444	<u>SUTTER MERCED MEDICAL</u> <u>CENTER</u>	<u>6086.4</u>	<u>0.033</u>	<u>0.340</u>	<u>0.373</u>	<u>\$14.3</u>
50446	<u>TEHACHAPI VALLEY HOSP.</u> <u>DIST.</u>	<u>4346.0</u>	<u>0.051</u>	<u>0.974</u>	<u>1.025</u>	<u>\$14.3</u>
50447	<u>VILLA VIEW COMMUNITY</u> <u>HOSPITAL</u>	<u>7531.8</u>	<u>0.068</u>	<u>0.374</u>	<u>0.442</u>	<u>\$16.3</u>
50448	<u>RIDGECREST REGIONAL</u> <u>HOSPITAL</u>	<u>4346.0</u>	<u>0.045</u>	<u>0.442</u>	<u>0.487</u>	<u>\$14.3</u>
50449	<u>VALLEY COMMUNITY HOSPITAL</u>	<u>4530.4</u>	<u>0.059</u>	<u>0.240</u>	<u>0.299</u>	<u>\$15.1</u>
50454	<u>UC SAN FRANCISCO MEDICAL</u> <u>CENTER</u>	<u>9962.8</u>	<u>0.033</u>	<u>0.324</u>	<u>0.357</u>	<u>\$18.8</u>
50455	<u>SAN JOAQUIN COMMUNITY</u> <u>HOSPITAL</u>	<u>5021.5</u>	<u>0.022</u>	<u>0.352</u>	<u>0.374</u>	<u>\$14.3</u>
50456	<u>GARDENA PHYSICIANS HOSP.</u> <u>INC.</u>	<u>5057.3</u>	<u>0.048</u>	<u>0.694</u>	<u>0.742</u>	<u>\$16.6</u>
50457	<u>ST. MARY MEDICAL CENTER</u>	<u>6681.9</u>	<u>0.033</u>	<u>0.272</u>	<u>0.305</u>	<u>\$18.8</u>
50464	<u>DOCTORS MEDICAL CENTER OF</u> <u>MODESTO</u>	<u>5775.5</u>	<u>0.018</u>	<u>0.361</u>	<u>0.379</u>	<u>\$14.9</u>
50468	<u>MEMORIAL HOSPITAL OF</u> <u>GARDENA</u>	<u>6576.1</u>	<u>0.022</u>	<u>0.310</u>	<u>0.332</u>	<u>\$16.6</u>
50469	<u>COLORADO RIVER MEDICAL</u> <u>CENTER</u>	<u>4817.5</u>	<u>0.022</u>	<u>0.777</u>	<u>0.799</u>	<u>\$15.6</u>
50470	<u>SELMA DISTRICT HOSPITAL</u>	<u>4618.3</u>	<u>0.022</u>	<u>0.615</u>	<u>0.637</u>	<u>\$14.6</u>
50471	<u>GOOD SAMARITAN HOSPITAL</u>	<u>6314.2</u>	<u>0.016</u>	<u>0.293</u>	<u>0.309</u>	<u>\$16.6</u>
50476	<u>SUTTER LAKESIDE HOSPITAL</u>	<u>4346.0</u>	<u>0.040</u>	<u>0.418</u>	<u>0.458</u>	<u>\$14.3</u>
50477	<u>MIDWAY HOSPITAL MEDICAL</u> <u>CENTER</u>	<u>5687.7</u>	<u>0.052</u>	<u>0.234</u>	<u>0.286</u>	<u>\$16.6</u>
50478	<u>SANTA YNEZ VALLEY COTTAGE</u> <u>HOSPITAL</u>	<u>4574.9</u>	<u>0.053</u>	<u>0.424</u>	<u>0.477</u>	<u>\$15.1</u>
50481	<u>WEST HILLS REG MEDICAL</u> <u>CENTER</u>	<u>5065.2</u>	<u>0.025</u>	<u>0.249</u>	<u>0.274</u>	<u>\$16.6</u>
50482	<u>JEROLD PHELPS COMMUNITY</u> <u>HOSPITAL</u>	<u>4730.9</u>	<u>0.029</u>	<u>0.661</u>	<u>0.690</u>	<u>\$14.3</u>
50485	<u>LONG BEACH MEMORIAL</u> <u>MEDICAL CENTER</u>	<u>6475.2</u>	<u>0.038</u>	<u>0.401</u>	<u>0.439</u>	<u>\$16.6</u>
50488	<u>EDEN MEDICAL CENTER</u>	<u>6177.8</u>	<u>0.026</u>	<u>0.327</u>	<u>0.353</u>	<u>\$19.6</u>
50491	<u>SANTA ANA HOSPITAL MEDICAL</u> <u>CENTER</u>	<u>5078.2</u>	<u>0.129</u>	<u>0.371</u>	<u>0.500</u>	<u>\$16.0</u>
50492	<u>CLOVIS COMMUNITY HOSPITAL</u>	<u>4663.9</u>	<u>0.087</u>	<u>0.400</u>	<u>0.487</u>	<u>\$14.6</u>
50494	<u>TAHOE FOREST HOSPITAL</u>	<u>4996.6</u>	<u>0.050</u>	<u>0.539</u>	<u>0.589</u>	<u>\$16.5</u>
50496	<u>MT. DIABLO MEDICAL CENTER</u>	<u>6186.0</u>	<u>0.032</u>	<u>0.265</u>	<u>0.297</u>	<u>\$19.6</u>
50497	<u>DOS PALOS MEMORIAL</u> <u>HOSPITAL</u>	<u>4303.8</u>	<u>0.039</u>	<u>0.365</u>	<u>0.404</u>	<u>\$14.3</u>

50498	<u>SUTTER AUBURN FAITH</u> <u>HOSPITAL</u>	<u>5033.6</u>	<u>0.026</u>	<u>0.320</u>	<u>0.346</u>	<u>\$16.5</u>
50502	<u>ST. VINCENT MEDICAL CENTER</u>	<u>6665.5</u>	<u>0.031</u>	<u>0.297</u>	<u>0.328</u>	<u>\$16.6</u>
50503	<u>SCRIPPS MEMORIAL HOSPITAL -</u> <u>ENCINITAS</u>	<u>4979.7</u>	<u>0.031</u>	<u>0.302</u>	<u>0.333</u>	<u>\$16.3</u>
50506	<u>SIERRA VISTA REGIONAL MED</u> <u>CTR</u>	<u>4935.5</u>	<u>0.027</u>	<u>0.253</u>	<u>0.280</u>	<u>\$15.1</u>
50510	<u>KFH - SAN RAFAEL</u>	<u>5977.4</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$19.6</u>
50512	<u>KFH - HAYWARD</u>	<u>6050.0</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$19.6</u>
50515	<u>KAISER FOUND. HOSPITALS -</u> <u>SAN DIEGO</u>	<u>5093.3</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$16.3</u>
50516	<u>MERCY SAN JUAN HOSPITAL</u>	<u>5633.1</u>	<u>0.025</u>	<u>0.243</u>	<u>0.268</u>	<u>\$16.5</u>
50517	<u>VICTOR VALLEY COMMUNITY</u> <u>HOSPITAL</u>	<u>5987.7</u>	<u>0.030</u>	<u>0.281</u>	<u>0.311</u>	<u>\$15.6</u>
50522	<u>DOCTORS HOSPITAL OF PINOLE</u>	<u>5974.6</u>	<u>0.023</u>	<u>0.261</u>	<u>0.284</u>	<u>\$19.6</u>
50523	<u>SUTTER DELTA MEDICAL</u> <u>CENTER</u>	<u>7027.7</u>	<u>0.029</u>	<u>0.303</u>	<u>0.332</u>	<u>\$19.6</u>
50526	<u>HUNTINGTON BEACH MEDICAL</u> <u>CENTER</u>	<u>5932.9</u>	<u>0.033</u>	<u>0.248</u>	<u>0.281</u>	<u>\$16.0</u>
50528	<u>MEMORIAL HOSPITAL-LOS</u> <u>BANOS</u>	<u>4538.5</u>	<u>0.031</u>	<u>0.292</u>	<u>0.323</u>	<u>\$14.3</u>
50531	<u>BELLFLOWER MEDICAL CENTER</u>	<u>7475.7</u>	<u>0.015</u>	<u>0.258</u>	<u>0.273</u>	<u>\$16.6</u>
50534	<u>JOHN F. KENNEDY MEMORIAL</u> <u>HOSP.</u>	<u>6752.0</u>	<u>0.025</u>	<u>0.212</u>	<u>0.237</u>	<u>\$15.6</u>
50535	<u>COASTAL COMMUNITIES</u> <u>HOSPITAL</u>	<u>7877.0</u>	<u>0.038</u>	<u>0.320</u>	<u>0.358</u>	<u>\$15.9</u>
50537	<u>SUTTER DAVIS HOSPITAL</u>	<u>4407.9</u>	<u>0.080</u>	<u>0.284</u>	<u>0.364</u>	<u>\$14.7</u>
50539	<u>REDBUD COMMUNITY</u> <u>HOSPITAL</u>	<u>4346.0</u>	<u>0.036</u>	<u>0.359</u>	<u>0.395</u>	<u>\$14.3</u>
50541	<u>KFH - REDWOOD CITY</u>	<u>5976.1</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$19.6</u>
50542	<u>KERN VALLEY HOSPITAL</u> <u>DISTRICT</u>	<u>4346.0</u>	<u>0.083</u>	<u>0.447</u>	<u>0.530</u>	<u>\$14.3</u>
50543	<u>COLLEGE HOSPITAL COSTA</u> <u>MESA</u>	<u>7210.1</u>	<u>0.026</u>	<u>0.260</u>	<u>0.286</u>	<u>\$15.9</u>
50545	<u>LANTERMAN DEVELOPMENTAL</u> <u>CENTER</u>	<u>5281.0</u>	<u>0.039</u>	<u>0.687</u>	<u>0.726</u>	<u>\$16.6</u>
50546	<u>PORTERVILLE</u> <u>DEVELOPMENTAL CENTER</u>	<u>4303.8</u>	<u>0.014</u>	<u>0.365</u>	<u>0.379</u>	<u>\$14.3</u>
50547	<u>SONOMA DEVELOPMENTAL</u> <u>CENTER</u>	<u>5387.6</u>	<u>0.039</u>	<u>0.782</u>	<u>0.821</u>	<u>\$17.2</u>
50549	<u>LOS ROBLES MEDICAL CENTER</u>	<u>4977.9</u>	<u>0.029</u>	<u>0.389</u>	<u>0.418</u>	<u>\$16.5</u>
50550	<u>CHAPMAN MEDICAL CENTER</u>	<u>5626.9</u>	<u>0.040</u>	<u>0.315</u>	<u>0.355</u>	<u>\$15.9</u>
50551	<u>LOS ALAMITOS MEDICAL CTR.</u>	<u>4875.4</u>	<u>0.027</u>	<u>0.255</u>	<u>0.282</u>	<u>\$15.9</u>
50552	<u>MOTION PICTURE AND</u> <u>TELEVISION FUND</u>	<u>5057.3</u>	<u>0.082</u>	<u>0.946</u>	<u>1.028</u>	<u>\$16.6</u>
50557	<u>MEMORIAL HOSPITAL MODESTO</u>	<u>5018.9</u>	<u>0.017</u>	<u>0.211</u>	<u>0.228</u>	<u>\$14.9</u>
50559	<u>DANIEL FREEMAN MARINA</u> <u>HOSPITAL</u>	<u>5069.8</u>	<u>0.035</u>	<u>0.291</u>	<u>0.326</u>	<u>\$16.6</u>
50561	<u>KAISER FOUND. HOSPITAL -</u> <u>WEST LA</u>	<u>5088.7</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$16.6</u>
50564	<u>PACIFICA HOSPITAL</u>	<u>4863.3</u>	<u>0.064</u>	<u>0.446</u>	<u>0.510</u>	<u>\$16.0</u>
50566	<u>EASTERN PLUMAS DISTRICT</u> <u>HOSP</u>	<u>4346.0</u>	<u>0.032</u>	<u>0.387</u>	<u>0.419</u>	<u>\$14.3</u>
50567	<u>MISSION HOSP REGIONAL</u> <u>MEDICAL CTR</u>	<u>4873.4</u>	<u>0.035</u>	<u>0.274</u>	<u>0.309</u>	<u>\$15.9</u>

50568	<u>MADERA COMMUNITY</u>	<u>5863.2</u>	<u>0.020</u>	<u>0.470</u>	<u>0.490</u>	<u>\$14.6</u>
	<u>HOSPITAL</u>					
50569	<u>MENDOCINO COAST DISTRICT</u>	<u>5133.1</u>	<u>0.053</u>	<u>0.598</u>	<u>0.651</u>	<u>\$16</u>
	<u>HOSPITAL</u>					
50570	<u>FOUNTAIN VALLEY REG</u>	<u>6380.7</u>	<u>0.013</u>	<u>0.273</u>	<u>0.286</u>	<u>\$15.9</u>
	<u>MEDICAL CENTER</u>					
50571	<u>SUBURBAN MEDICAL CENTER</u>	<u>8142.0</u>	<u>0.038</u>	<u>0.230</u>	<u>0.268</u>	<u>\$16.6</u>
50573	<u>EISENHOWER MEMORIAL</u>	<u>4779.7</u>	<u>0.064</u>	<u>0.328</u>	<u>0.392</u>	<u>\$15.7</u>
	<u>HOSPITAL</u>					
50575	<u>TRI-CITY REGIONAL MEDICAL</u>	<u>6475.1</u>	<u>0.039</u>	<u>0.365</u>	<u>0.404</u>	<u>\$16.6</u>
	<u>CENTER</u>					
50577	<u>SANTA MARTA HOSPITAL</u>	<u>7722.8</u>	<u>0.023</u>	<u>0.458</u>	<u>0.481</u>	<u>\$16.6</u>
50578	<u>MARTIN LUTHER KING,</u>	<u>10471.7</u>	<u>0.019</u>	<u>0.338</u>	<u>0.357</u>	<u>\$16.6</u>
	<u>JR./DREW MEDICAL</u>					
50579	<u>CENTURY CITY HOSP</u>	<u>5317.2</u>	<u>0.055</u>	<u>0.235</u>	<u>0.290</u>	<u>\$16.6</u>
50580	<u>LAPALMA INTERCOMMUNITY</u>	<u>5889.6</u>	<u>0.033</u>	<u>0.257</u>	<u>0.290</u>	<u>\$15.9</u>
	<u>HOSPITAL</u>					
50581	<u>LAKEWOOD REGIONAL MED.</u>	<u>5585.0</u>	<u>0.031</u>	<u>0.250</u>	<u>0.281</u>	<u>\$16.6</u>
	<u>CTR.</u>					
50583	<u>ALVARADO COMMUNITY</u>	<u>5628.4</u>	<u>0.035</u>	<u>0.245</u>	<u>0.280</u>	<u>\$16.3</u>
	<u>HOSPITAL</u>					
50584	<u>US FAMILYCARE MEDICAL</u>	<u>5954.8</u>	<u>0.043</u>	<u>0.239</u>	<u>0.282</u>	<u>\$15.7</u>
	<u>CENTER</u>					
50585	<u>SAN CLEMENTE HOSPITAL</u>	<u>4863.3</u>	<u>0.094</u>	<u>0.510</u>	<u>0.604</u>	<u>\$16.0</u>
50586	<u>CHINO VALLEY MEDICAL</u>	<u>5966.5</u>	<u>0.035</u>	<u>0.329</u>	<u>0.364</u>	<u>\$15.6</u>
	<u>CENTER</u>					
50588	<u>SAN DIMAS COMMUNITY</u>	<u>5057.3</u>	<u>0.028</u>	<u>0.235</u>	<u>0.263</u>	<u>\$16.6</u>
	<u>HOSPITAL</u>					
50589	<u>PLACENTIA LINDA COMMUNITY</u>	<u>4872.5</u>	<u>0.041</u>	<u>0.311</u>	<u>0.352</u>	<u>\$16.0</u>
	<u>HOSPITAL</u>					
50590	<u>METHODIST HOSPITAL OF</u>	<u>6464.5</u>	<u>0.028</u>	<u>0.356</u>	<u>0.384</u>	<u>\$16.5</u>
	<u>SACRAMENTO</u>					
50591	<u>MONTEREY PARK HOSPITAL</u>	<u>7802.9</u>	<u>0.036</u>	<u>0.222</u>	<u>0.258</u>	<u>\$16.6</u>
50592	<u>BREA COMMUNITY HOSPITAL</u>	<u>4876.0</u>	<u>0.029</u>	<u>0.285</u>	<u>0.314</u>	<u>\$15.9</u>
50594	<u>WESTERN MEDICAL CENTER</u>	<u>6282.6</u>	<u>0.062</u>	<u>0.302</u>	<u>0.364</u>	<u>\$16.0</u>
	<u>ANAHEIM</u>					
50597	<u>FOOTHILL PRESBYTERIAN</u>	<u>5389.1</u>	<u>0.031</u>	<u>0.398</u>	<u>0.429</u>	<u>\$16.6</u>
	<u>HOSPITAL</u>					
50598	<u>MISSION BAY MEMORIAL</u>	<u>4979.7</u>	<u>0.027</u>	<u>0.352</u>	<u>0.379</u>	<u>\$16.3</u>
	<u>HOSPITAL</u>					
50599	<u>UC DAVIS MEDICAL CENTER</u>	<u>9301.9</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$16.5</u>
50601	<u>TARZANA ENCINO REGIONAL</u>	<u>5670.2</u>	<u>0.028</u>	<u>0.361</u>	<u>0.389</u>	<u>\$16.6</u>
	<u>MED CTR</u>					
50603	<u>SADDLEBACK MEMORIAL</u>	<u>4871.2</u>	<u>0.026</u>	<u>0.387</u>	<u>0.413</u>	<u>\$15.9</u>
	<u>MEDICAL CENTER</u>					
50604	<u>KFH - SANTA TERESA</u>	<u>5536.5</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$18.1</u>
50608	<u>DELANO REGIONAL MEDICAL</u>	<u>6006.5</u>	<u>0.029</u>	<u>0.266</u>	<u>0.295</u>	<u>\$14.3</u>
	<u>CNT.</u>					
50609	<u>KAISER FOUNDATION</u>	<u>5468.5</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$16.6</u>
	<u>HOSPITALS -ANAHEIM</u>					
50613	<u>SETON COASTSIDE HOSPITAL</u>	<u>5729.5</u>	<u>0.039</u>	<u>0.365</u>	<u>0.404</u>	<u>\$18.8</u>
50615	<u>GREATER EL MONTE</u>	<u>8024.6</u>	<u>0.048</u>	<u>0.244</u>	<u>0.292</u>	<u>\$16.6</u>
	<u>COMMUNITY HOSPITAL</u>					
50616	<u>ST. JOHN'S PLEASANT VALLEY</u>	<u>4494.1</u>	<u>0.027</u>	<u>0.347</u>	<u>0.374</u>	<u>\$14.9</u>
	<u>HOSPITAL</u>					

50618	<u>BEAR VALLEY COMMUNITY</u> <u>HOSPITAL</u>	<u>4817.5</u>	<u>0.042</u>	<u>0.645</u>	<u>0.687</u>	<u>\$15.6</u>
50623	<u>HIGH DESERT HOSPITAL</u>	<u>5281.0</u>	<u>0.027</u>	<u>0.486</u>	<u>0.513</u>	<u>\$16.6</u>
50624	<u>HENRY MAYO NEWHALL</u> <u>MEMORIAL HOSPITAL</u>	<u>5067.0</u>	<u>0.051</u>	<u>0.302</u>	<u>0.353</u>	<u>\$16.6</u>
50625	<u>CEDARS-SINAI MEDICAL</u> <u>CENTER</u>	<u>6622.9</u>	<u>0.025</u>	<u>0.275</u>	<u>0.300</u>	<u>\$16.6</u>
50630	<u>INLAND VALLEY REGIONAL</u> <u>MEDICAL CENTER</u>	<u>4770.8</u>	<u>0.047</u>	<u>0.358</u>	<u>0.405</u>	<u>\$15.6</u>
50633	<u>TWIN CITIES COMMUNITY</u> <u>HOSPITAL</u>	<u>4553.8</u>	<u>0.024</u>	<u>0.235</u>	<u>0.259</u>	<u>\$15.1</u>
50636	<u>POMERADO HOSPITAL</u>	<u>4979.7</u>	<u>0.043</u>	<u>0.347</u>	<u>0.390</u>	<u>\$16.3</u>
50638	<u>SOUTHERN MONO HEALTH</u> <u>CARE DISTRICT</u>	<u>4346.0</u>	<u>0.098</u>	<u>0.863</u>	<u>0.961</u>	<u>\$14.3</u>
50641	<u>EAST LA DOCTOR'S HOSPITAL</u>	<u>7814.3</u>	<u>0.041</u>	<u>0.389</u>	<u>0.430</u>	<u>\$16.6</u>
50643	<u>HOSPITAL NAME NOT</u> <u>AVAILABLE</u>	<u>5710.0</u>	<u>0.036</u>	<u>0.606</u>	<u>0.642</u>	<u>\$3.9'</u>
50644	<u>LOS ANGELES METROPOLITAN</u> <u>MED CNTR</u>	<u>8106.8</u>	<u>0.039</u>	<u>0.234</u>	<u>0.273</u>	<u>\$16.6</u>
50662	<u>AGNEWS DEVELOPMENTAL</u> <u>CENTER</u>	<u>5778.9</u>	<u>0.039</u>	<u>0.906</u>	<u>0.945</u>	<u>\$18.1</u>
50663	<u>LOS ANGELES COMMUNITY</u> <u>HOSPITAL</u>	<u>8162.8</u>	<u>0.018</u>	<u>0.327</u>	<u>0.345</u>	<u>\$16.6</u>
50667	<u>NELSON M. HOLDERMAN</u>	<u>5042.8</u>	<u>0.024</u>	<u>1.182</u>	<u>1.206</u>	<u>\$16.8</u>
50668	<u>LAGUNA HONDA HOSPITAL</u>	<u>5729.5</u>	<u>0.022</u>	<u>0.998</u>	<u>1.020</u>	<u>\$18.8</u>
50670	<u>NORTH COAST HEALTH CARE</u> <u>CENTERS</u>	<u>5159.2</u>	<u>0.058</u>	<u>0.371</u>	<u>0.429</u>	<u>\$17.2</u>
50674	<u>KFH - SOUTH SACRAMENTO</u>	<u>5474.7</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$16.5</u>
50676	<u>SURPRISE VALLEY COMM</u> <u>HOSPITAL</u>	<u>4346.0</u>	<u>0.062</u>	<u>0.804</u>	<u>0.866</u>	<u>\$14.3</u>
50677	<u>KAISER FOUND. HOSP. -</u> <u>WOODLAND HILLS</u>	<u>5392.0</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$16.6</u>
50678	<u>ORANGE COAST MEMORIAL</u> <u>MEDICAL CENTER</u>	<u>4867.4</u>	<u>0.033</u>	<u>0.452</u>	<u>0.485</u>	<u>\$15.9</u>
50680	<u>VACAVALLEY HOSPITAL</u>	<u>5042.8</u>	<u>0.034</u>	<u>0.218</u>	<u>0.252</u>	<u>\$16.8</u>
50682	<u>KINGSBURG MEDICAL CENTER</u>	<u>4572.4</u>	<u>0.086</u>	<u>0.361</u>	<u>0.447</u>	<u>\$14.6</u>
50684	<u>MENIFEE VALLEY MEDICAL</u> <u>CENTER</u>	<u>4770.8</u>	<u>0.048</u>	<u>0.265</u>	<u>0.313</u>	<u>\$15.7</u>
50685	<u>SOUTH VALLEY HOSPITAL</u>	<u>5534.0</u>	<u>0.027</u>	<u>0.427</u>	<u>0.454</u>	<u>\$18.1</u>
50686	<u>KAISER FOUND. HOSPITALS -</u> <u>RIVERSIDE</u>	<u>5140.1</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$15.9</u>
50688	<u>SAINT LOUISE HOSPITAL</u>	<u>5534.0</u>	<u>0.089</u>	<u>0.417</u>	<u>0.506</u>	<u>\$18.2</u>
50689	<u>SAN RAMON REG. MEDICAL</u> <u>CENTER</u>	<u>5981.9</u>	<u>0.087</u>	<u>0.308</u>	<u>0.395</u>	<u>\$19.6</u>
50690	<u>KFH - SANTA ROSA</u>	<u>5161.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$17.2</u>
50693	<u>IRVINE MEDICAL CENTER</u>	<u>5021.5</u>	<u>0.129</u>	<u>0.300</u>	<u>0.429</u>	<u>\$16.0</u>
50694	<u>MORENO VALLEY COMMUNITY</u> <u>HOSPITAL</u>	<u>4981.7</u>	<u>0.063</u>	<u>0.278</u>	<u>0.341</u>	<u>\$15.7</u>
50695	<u>ST. DOMINIC'S HOSPITAL</u>	<u>4540.3</u>	<u>0.072</u>	<u>0.380</u>	<u>0.452</u>	<u>\$15.1</u>
50696	<u>USC UNIVERSITY HOSPITAL</u>	<u>6232.7</u>	<u>0.071</u>	<u>0.278</u>	<u>0.349</u>	<u>\$16.6</u>
50697	<u>PATIENT'S HOSPITAL OF</u> <u>REDDING</u>	<u>4858.2</u>	<u>0.076</u>	<u>0.486</u>	<u>0.562</u>	<u>\$16.2</u>
50699	<u>REDDING SPECIALTY HOSPITAL</u>	<u>4858.2</u>	<u>0.060</u>	<u>0.533</u>	<u>0.593</u>	<u>\$16.2</u>
50701	<u>SHARP HEALTHCARE MURRIETA</u>	<u>4979.7</u>	<u>0.045</u>	<u>0.370</u>	<u>0.415</u>	<u>\$16.3</u>
50704	<u>MISSION COMMUNITY</u>	<u>7949.1</u>	<u>0.030</u>	<u>0.369</u>	<u>0.399</u>	<u>\$16.6</u>

	<u>HOSPITAL</u>					
<u>50707</u>	<u>RECOVERY INN OF MENLO PARK</u>	<u>5729.5</u>	<u>0.113</u>	<u>0.749</u>	<u>0.862</u>	<u>\$18.8</u>
<u>50708</u>	<u>FRESNO SURGERY CENTER</u>	<u>4378.7</u>	<u>0.100</u>	<u>0.498</u>	<u>0.598</u>	<u>\$14.6</u>
<u>50709</u>	<u>DESERT VALLEY HOSPITAL</u>	<u>4770.8</u>	<u>0.057</u>	<u>0.312</u>	<u>0.369</u>	<u>\$15.7</u>
<u>50710</u>	<u>KFH - FRESNO</u>	<u>4379.7</u>	<u>0.036</u>	<u>0.361</u>	<u>0.397</u>	<u>\$14.6</u>
<u>50713</u>	<u>LINCOLN HOSPITAL MEDICAL</u>	<u>5281.0</u>	<u>0.036</u>	<u>0.491</u>	<u>0.527</u>	<u>\$16.6</u>
	<u>CENTER</u>					
<u>50714</u>	<u>SUTTER MATERNITY &</u>	<u>5726.4</u>	<u>0.039</u>	<u>0.776</u>	<u>0.815</u>	<u>\$19.1</u>
	<u>SURGERY CENTER</u>					
<u>50717</u>	<u>RANCHO LOS AMIGOS NATL.</u>	<u>7608.2</u>	<u>0.040</u>	<u>0.405</u>	<u>0.445</u>	<u>\$16.6</u>
	<u>REHAB. CTR.</u>					
<u>50718</u>	<u>VALLEY PLAZA DOCTORS</u>	<u>4981.7</u>	<u>0.036</u>	<u>0.361</u>	<u>0.397</u>	<u>\$15.6</u>
	<u>HOSPITAL</u>					
<u>50719</u>	<u>THE HEART HOSPITAL</u>	<u>4770.8</u>	<u>0.039</u>	<u>0.365</u>	<u>0.404</u>	<u>\$15.6</u>
<u>50720</u>	<u>TUSTIN HOSPITAL & MEDICAL</u>	<u>5078.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$15.9</u>
	<u>CENTER</u>					
<u>50721</u>	<u>HOSPITAL NAME NOT</u>	<u>5057.3</u>	<u>0.036</u>	<u>0.382</u>	<u>0.418</u>	<u>\$16.6</u>
	<u>AVAILABLE</u>					
<u>50722</u>	<u>HOSPITAL NAME NOT</u>	<u>4979.7</u>	<u>0.036</u>	<u>0.365</u>	<u>0.401</u>	<u>\$16.3</u>
	<u>AVAILABLE</u>					
<u>50723</u>	<u>HOSPITAL NAME NOT</u>	<u>5057.3</u>	<u>0.036</u>	<u>0.365</u>	<u>0.401</u>	<u>\$16.6</u>
	<u>AVAILABLE</u>					

APPENDIX B: DRG WEIGHTS AND REVISED DRG WEIGHTS 2001 Rates
(California revisions shown in italics incorporate the DWC Revised Ratios)

<u>DRG Number</u>	<u>Description</u>	<u>HCFA</u> <u>2001 DRG</u> <u>Weights</u>	<u>DWC</u> <u>Revised</u> <u>Ratio</u>	<u>DWC</u> <u>Revised</u> <u>Weight</u>	<u>Geometri</u> <u>c Mean</u> <u>LOS</u>
<u>1</u>	<u>CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA</u>	<u>3.097</u>	<u>1.000</u>	<u>3.097</u>	<u>6.3</u>
<u>2</u>	<u>CRANIOTOMY FOR TRAUMA AGE >17</u>	<u>3.1142</u>	<u>1.000</u>	<u>3.1142</u>	<u>7.3</u>
<u>3</u>	<u>CRANIOTOMY AGE 0-17</u>	<u>1.9629</u>	<u>1.000</u>	<u>1.9629</u>	<u>12.7</u>
<u>4</u>	<u>SPINAL PROCEDURES</u>	<u>2.2918</u>	<u>0.628</u>	<u>1.4399</u>	<u>4.8</u>
<u>5</u>	<u>EXTRACRANIAL VASCULAR PROCEDURES</u>	<u>1.4321</u>	<u>1.000</u>	<u>1.4321</u>	<u>2.3</u>
<u>6</u>	<u>CARPAL TUNNEL RELEASE</u>	<u>0.8246</u>	<u>1.000</u>	<u>0.8246</u>	<u>2.2</u>
<u>7</u>	<u>PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC</u>	<u>2.5919</u>	<u>1.000</u>	<u>2.5919</u>	<u>6.9</u>
<u>8</u>	<u>PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC</u>	<u>1.3948</u>	<u>0.808</u>	<u>1.1273</u>	<u>2.1</u>
<u>9</u>	<u>SPINAL DISORDERS & INJURIES</u>	<u>1.3134</u>	<u>1.000</u>	<u>1.3134</u>	<u>4.7</u>
<u>10</u>	<u>NERVOUS SYSTEM NEOPLASMS W CC</u>	<u>1.2273</u>	<u>1.000</u>	<u>1.2273</u>	<u>4.9</u>
<u>11</u>	<u>NERVOUS SYSTEM NEOPLASMS W/O CC</u>	<u>0.8345</u>	<u>1.000</u>	<u>0.8345</u>	<u>3.1</u>
<u>12</u>	<u>DEGENERATIVE NERVOUS SYSTEM DISORDERS</u>	<u>0.8925</u>	<u>1.000</u>	<u>0.8925</u>	<u>4.5</u>
<u>13</u>	<u>MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA</u>	<u>0.7644</u>	<u>1.000</u>	<u>0.7644</u>	<u>4.1</u>
<u>14</u>	<u>SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA</u>	<u>1.207</u>	<u>1.000</u>	<u>1.2070</u>	<u>4.7</u>
<u>15</u>	<u>TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS</u>	<u>0.748</u>	<u>1.000</u>	<u>0.7480</u>	<u>2.9</u>
<u>16</u>	<u>NONSPECIFIC CEREBROVASCULAR DISORDERS W CC</u>	<u>1.1652</u>	<u>1.000</u>	<u>1.1652</u>	<u>4.7</u>
<u>17</u>	<u>NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC</u>	<u>0.6539</u>	<u>1.000</u>	<u>0.6539</u>	<u>2.6</u>
<u>18</u>	<u>CRANIAL & PERIPHERAL NERVE DISORDERS W CC</u>	<u>0.96</u>	<u>1.000</u>	<u>0.9600</u>	<u>4.3</u>
<u>19</u>	<u>CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC</u>	<u>0.6963</u>	<u>1.000</u>	<u>0.6963</u>	<u>2.9</u>

<u>20</u>	<u>NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS</u>	<u>2.7744</u>	<u>1.000</u>	<u>2.7744</u>	<u>7.9</u>
<u>21</u>	<u>VIRAL MENINGITIS</u>	<u>1.4966</u>	<u>1.000</u>	<u>1.4966</u>	<u>5.2</u>
<u>22</u>	<u>HYPERTENSIVE ENCEPHALOPATHY</u>	<u>1.0082</u>	<u>1.000</u>	<u>1.0082</u>	<u>3.8</u>
<u>23</u>	<u>NONTRAUMATIC STUPOR & COMA</u>	<u>0.8027</u>	<u>1.000</u>	<u>0.8027</u>	<u>3.2</u>
<u>24</u>	<u>SEIZURE & HEADACHE AGE >17 W CC</u>	<u>0.9914</u>	<u>1.000</u>	<u>0.9914</u>	<u>3.7</u>
<u>25</u>	<u>SEIZURE & HEADACHE AGE >17 W/O CC</u>	<u>0.6043</u>	<u>0.749</u>	<u>0.4523</u>	<u>2.6</u>
<u>26</u>	<u>SEIZURE & HEADACHE AGE 0-17</u>	<u>0.6441</u>	<u>1.000</u>	<u>0.6441</u>	<u>2.4</u>
<u>27</u>	<u>TRAUMATIC STUPOR & COMA, COMA >1 HR</u>	<u>1.2912</u>	<u>1.000</u>	<u>1.2912</u>	<u>3.2</u>
<u>28</u>	<u>TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC</u>	<u>1.3102</u>	<u>1.000</u>	<u>1.3102</u>	<u>4.5</u>
<u>29</u>	<u>TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC</u>	<u>0.7015</u>	<u>1.003</u>	<u>0.7033</u>	<u>2.8</u>
<u>30</u>	<u>TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17</u>	<u>0.332</u>	<u>1.000</u>	<u>0.3320</u>	<u>2</u>
<u>31</u>	<u>CONCUSSION AGE >17 W CC</u>	<u>0.8715</u>	<u>1.000</u>	<u>0.8715</u>	<u>3.1</u>
<u>32</u>	<u>CONCUSSION AGE >17 W/O CC</u>	<u>0.5422</u>	<u>0.875</u>	<u>0.4744</u>	<u>2.1</u>
<u>33</u>	<u>CONCUSSION AGE 0-17</u>	<u>0.2086</u>	<u>1.000</u>	<u>0.2086</u>	<u>1.6</u>
<u>34</u>	<u>OTHER DISORDERS OF NERVOUS SYSTEM W CC</u>	<u>1.0099</u>	<u>1.000</u>	<u>1.0099</u>	<u>3.8</u>
<u>35</u>	<u>OTHER DISORDERS OF NERVOUS SYSTEM W/O CC</u>	<u>0.6027</u>	<u>1.000</u>	<u>0.6027</u>	<u>2.7</u>
<u>36</u>	<u>RETINAL PROCEDURES</u>	<u>0.6639</u>	<u>1.000</u>	<u>0.6639</u>	<u>1.2</u>
<u>37</u>	<u>ORBITAL PROCEDURES</u>	<u>1.0016</u>	<u>1.000</u>	<u>1.0016</u>	<u>2.6</u>
<u>38</u>	<u>PRIMARY IRIS PROCEDURES</u>	<u>0.4833</u>	<u>1.000</u>	<u>0.4833</u>	<u>1.8</u>
<u>39</u>	<u>LENS PROCEDURES WITH OR WITHOUT VITRECTOMY</u>	<u>0.5778</u>	<u>1.000</u>	<u>0.5778</u>	<u>1.5</u>
<u>40</u>	<u>EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17</u>	<u>0.8635</u>	<u>1.000</u>	<u>0.8635</u>	<u>2.3</u>
<u>41</u>	<u>EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17</u>	<u>0.338</u>	<u>1.000</u>	<u>0.3380</u>	<u>1.6</u>
<u>42</u>	<u>INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS</u>	<u>0.6478</u>	<u>1.066</u>	<u>0.6906</u>	<u>1.6</u>
<u>43</u>	<u>HYPHEMA</u>	<u>0.4977</u>	<u>1.000</u>	<u>0.4977</u>	<u>2.6</u>
<u>44</u>	<u>ACUTE MAJOR EYE INFECTIONS</u>	<u>0.6337</u>	<u>1.000</u>	<u>0.6337</u>	<u>4.1</u>
<u>45</u>	<u>NEUROLOGICAL EYE DISORDERS</u>	<u>0.7022</u>	<u>1.000</u>	<u>0.7022</u>	<u>2.7</u>
<u>46</u>	<u>OTHER DISORDERS OF THE EYE AGE >17 W CC</u>	<u>0.7749</u>	<u>1.000</u>	<u>0.7749</u>	<u>3.5</u>

47	<u>OTHER DISORDERS OF THE EYE</u> <u>AGE >17 W/O CC</u>	<u>0.5085</u>	<u>1.000</u>	<u>0.5085</u>	<u>2.5</u>
48	<u>OTHER DISORDERS OF THE EYE</u> <u>AGE 0-17</u>	<u>0.2977</u>	<u>1.000</u>	<u>0.2977</u>	<u>2.9</u>
49	<u>MAJOR HEAD & NECK PROCEDURES</u>	<u>1.8301</u>	<u>1.000</u>	<u>1.8301</u>	<u>3.5</u>
50	<u>SIALOADENECTOMY</u>	<u>0.8537</u>	<u>1.000</u>	<u>0.8537</u>	<u>1.6</u>
51	<u>SALIVARY GLAND PROCEDURES</u> <u>EXCEPT SIALOADENECTOMY</u>	<u>0.7934</u>	<u>1.000</u>	<u>0.7934</u>	<u>1.8</u>
52	<u>CLEFT LIP & PALATE REPAIR</u>	<u>0.841</u>	<u>1.000</u>	<u>0.8410</u>	<u>1.6</u>
53	<u>SINUS & MASTOID PROCEDURES</u> <u>AGE >17</u>	<u>1.2118</u>	<u>1.000</u>	<u>1.2118</u>	<u>2.3</u>
54	<u>SINUS & MASTOID PROCEDURES</u> <u>AGE 0-17</u>	<u>0.4826</u>	<u>1.000</u>	<u>0.4826</u>	<u>3.2</u>
55	<u>MISCELLANEOUS EAR, NOSE,</u> <u>MOUTH & THROAT PROCEDURES</u>	<u>0.9039</u>	<u>1.000</u>	<u>0.9039</u>	<u>1.9</u>
56	<u>RHINOPLASTY</u>	<u>0.9451</u>	<u>1.000</u>	<u>0.9451</u>	<u>2.1</u>
57	<u>T&A PROC. EXCEPT</u> <u>TONSILLECTOMY &/OR</u> <u>ADENOIDECTOMY ONLY, AGE >17</u>	<u>1.0704</u>	<u>1.000</u>	<u>1.0704</u>	<u>2.5</u>
58	<u>T&A PROC. EXCEPT</u> <u>TONSILLECTOMY &/OR</u> <u>ADENOIDECTOMY ONLY, AGE 0-17</u>	<u>0.274</u>	<u>1.000</u>	<u>0.2740</u>	<u>1.5</u>
59	<u>TONSILLECTOMY &/OR</u> <u>ADENOIDECTOMY ONLY, AGE >17</u>	<u>0.6943</u>	<u>1.000</u>	<u>0.6943</u>	<u>1.8</u>
60	<u>TONSILLECTOMY &/OR</u> <u>ADENOIDECTOMY ONLY, AGE 0-17</u>	<u>0.2087</u>	<u>1.000</u>	<u>0.2087</u>	<u>1.5</u>
61	<u>MYRINGOTOMY W TUBE</u> <u>INSERTION AGE >17</u>	<u>1.266</u>	<u>1.000</u>	<u>1.2660</u>	<u>2.8</u>
62	<u>MYRINGOTOMY W TUBE</u> <u>INSERTION AGE 0-17</u>	<u>0.2955</u>	<u>1.000</u>	<u>0.2955</u>	<u>1.3</u>
63	<u>OTHER EAR, NOSE, MOUTH &</u> <u>THROAT O.R. PROCEDURES</u>	<u>1.3402</u>	<u>0.875</u>	<u>1.1731</u>	<u>3</u>
64	<u>EAR, NOSE, MOUTH & THROAT</u> <u>MALIGNANCY</u>	<u>1.2288</u>	<u>1.000</u>	<u>1.2288</u>	<u>4.3</u>
65	<u>DYSEQUILIBRIUM</u>	<u>0.5385</u>	<u>1.000</u>	<u>0.5385</u>	<u>2.3</u>
66	<u>EPISTAXIS</u>	<u>0.559</u>	<u>1.000</u>	<u>0.5590</u>	<u>2.5</u>
67	<u>EPIGLOTTITIS</u>	<u>0.8105</u>	<u>1.000</u>	<u>0.8105</u>	<u>2.8</u>
68	<u>OTITIS MEDIA & URI AGE >17 W CC</u>	<u>0.675</u>	<u>1.000</u>	<u>0.6750</u>	<u>3.4</u>
69	<u>OTITIS MEDIA & URI AGE >17 W/O</u> <u>CC</u>	<u>0.5152</u>	<u>1.000</u>	<u>0.5152</u>	<u>2.7</u>
70	<u>OTITIS MEDIA & URI AGE 0-17</u>	<u>0.4628</u>	<u>1.000</u>	<u>0.4628</u>	<u>2.4</u>

<u>71</u>	<u>LARYNGOTRACHEITIS</u>	<u>0.7712</u>	<u>1.000</u>	<u>0.7712</u>	<u>3</u>
<u>72</u>	<u>NASAL TRAUMA & DEFORMITY</u>	<u>0.6428</u>	<u>1.000</u>	<u>0.6428</u>	<u>2.6</u>
<u>73</u>	<u>OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17</u>	<u>0.7777</u>	<u>1.000</u>	<u>0.7777</u>	<u>3.3</u>
<u>74</u>	<u>OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17</u>	<u>0.3358</u>	<u>1.000</u>	<u>0.3358</u>	<u>2.1</u>
<u>75</u>	<u>MAJOR CHEST PROCEDURES</u>	<u>3.1331</u>	<u>1.000</u>	<u>3.1331</u>	<u>7.8</u>
<u>76</u>	<u>OTHER RESP SYSTEM O.R. PROCEDURES W CC</u>	<u>2.7908</u>	<u>1.000</u>	<u>2.7908</u>	<u>8.4</u>
<u>77</u>	<u>OTHER RESP SYSTEM O.R. PROCEDURES W/O CC</u>	<u>1.1887</u>	<u>1.000</u>	<u>1.1887</u>	<u>3.5</u>
<u>78</u>	<u>PULMONARY EMBOLISM</u>	<u>1.3698</u>	<u>1.000</u>	<u>1.3698</u>	<u>6</u>
<u>79</u>	<u>RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC</u>	<u>1.6501</u>	<u>1.000</u>	<u>1.6501</u>	<u>6.6</u>
<u>80</u>	<u>RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC</u>	<u>0.9373</u>	<u>1.000</u>	<u>0.9373</u>	<u>4.7</u>
<u>81</u>	<u>RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17</u>	<u>1.5204</u>	<u>1.000</u>	<u>1.5204</u>	<u>6.1</u>
<u>82</u>	<u>RESPIRATORY NEOPLASMS</u>	<u>1.3799</u>	<u>1.000</u>	<u>1.3799</u>	<u>5.2</u>
<u>83</u>	<u>MAJOR CHEST TRAUMA W CC</u>	<u>0.9808</u>	<u>1.000</u>	<u>0.9808</u>	<u>4.4</u>
<u>84</u>	<u>MAJOR CHEST TRAUMA W/O CC</u>	<u>0.5539</u>	<u>1.000</u>	<u>0.5539</u>	<u>2.8</u>
<u>85</u>	<u>PLEURAL EFFUSION W CC</u>	<u>1.2198</u>	<u>1.000</u>	<u>1.2198</u>	<u>4.9</u>
<u>86</u>	<u>PLEURAL EFFUSION W/O CC</u>	<u>0.6984</u>	<u>1.000</u>	<u>0.6984</u>	<u>2.9</u>
<u>87</u>	<u>PULMONARY EDEMA & RESPIRATORY FAILURE</u>	<u>1.3781</u>	<u>1.000</u>	<u>1.3781</u>	<u>4.8</u>
<u>88</u>	<u>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</u>	<u>0.9317</u>	<u>1.000</u>	<u>0.9317</u>	<u>4.2</u>
<u>89</u>	<u>SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC</u>	<u>1.0647</u>	<u>1.000</u>	<u>1.0647</u>	<u>5</u>
<u>90</u>	<u>SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC</u>	<u>0.659</u>	<u>1.000</u>	<u>0.6590</u>	<u>3.6</u>
<u>91</u>	<u>SIMPLE PNEUMONIA & PLEURISY AGE 0-17</u>	<u>0.689</u>	<u>1.000</u>	<u>0.6890</u>	<u>2.8</u>
<u>92</u>	<u>INTERSTITIAL LUNG DISEASE W CC</u>	<u>1.1863</u>	<u>1.000</u>	<u>1.1863</u>	<u>5</u>
<u>93</u>	<u>INTERSTITIAL LUNG DISEASE W/O CC</u>	<u>0.7309</u>	<u>1.000</u>	<u>0.7309</u>	<u>3.3</u>
<u>94</u>	<u>PNEUMOTHORAX W CC</u>	<u>1.1704</u>	<u>1.000</u>	<u>1.1704</u>	<u>4.8</u>
<u>95</u>	<u>PNEUMOTHORAX W/O CC</u>	<u>0.6098</u>	<u>1.000</u>	<u>0.6098</u>	<u>3</u>
<u>96</u>	<u>BRONCHITIS & ASTHMA AGE >17 W CC</u>	<u>0.7871</u>	<u>1.000</u>	<u>0.7871</u>	<u>3.9</u>

<u>97</u>	<u>BRONCHITIS & ASTHMA AGE >17 W/O CC</u>	<u>0.5873</u>	<u>1.000</u>	<u>0.5873</u>	<u>3.1</u>
<u>98</u>	<u>BRONCHITIS & ASTHMA AGE 0-17</u>	<u>0.8768</u>	<u>1.000</u>	<u>0.8768</u>	<u>3.2</u>
<u>99</u>	<u>RESPIRATORY SIGNS & SYMPTOMS W CC</u>	<u>0.7117</u>	<u>1.000</u>	<u>0.7117</u>	<u>2.5</u>
<u>100</u>	<u>RESPIRATORY SIGNS & SYMPTOMS W/O CC</u>	<u>0.5437</u>	<u>1.000</u>	<u>0.5437</u>	<u>1.8</u>
<u>101</u>	<u>OTHER RESPIRATORY SYSTEM DIAGNOSES W CC</u>	<u>0.8563</u>	<u>1.000</u>	<u>0.8563</u>	<u>3.3</u>
<u>102</u>	<u>OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC</u>	<u>0.555</u>	<u>1.000</u>	<u>0.5550</u>	<u>2.1</u>
<u>103</u>	<u>HEART TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>104</u>	<u>CARDIAC VALVE PROCEDURES W CARDIAC CATH</u>	<u>7.1843</u>	<u>1.000</u>	<u>7.1843</u>	<u>8.9</u>
<u>105</u>	<u>CARDIAC VALVE PROCEDURES W/O CARDIAC CATH</u>	<u>5.6567</u>	<u>1.000</u>	<u>5.6567</u>	<u>7.4</u>
<u>106</u>	<u>CORONARY BYPASS W CARDIAC CATH</u>	<u>7.5203</u>	<u>1.000</u>	<u>7.5203</u>	<u>9.3</u>
<u>107</u>	<u>CORONARY BYPASS W/O CARDIAC CATH</u>	<u>5.3762</u>	<u>1.000</u>	<u>5.3762</u>	<u>9.2</u>
<u>108</u>	<u>OTHER CARDIOTHORACIC PROCEDURES</u>	<u>5.6525</u>	<u>1.000</u>	<u>5.6525</u>	<u>8</u>
<u>109</u>	<u>CORONARY BYPASS W/O PTCA OR CARDIAC CATH</u>	<u>4.0198</u>	<u>1.000</u>	<u>4.0198</u>	<u>6.8</u>
<u>110</u>	<u>MAJOR CARDIOVASCULAR PROCEDURES W CC</u>	<u>4.1358</u>	<u>1.000</u>	<u>4.1358</u>	<u>7.1</u>
<u>111</u>	<u>MAJOR CARDIOVASCULAR PROCEDURES W/O CC</u>	<u>2.241</u>	<u>1.000</u>	<u>2.2410</u>	<u>4.7</u>
<u>112</u>	<u>PERCUTANEOUS CARDIOVASCULAR PROCEDURES</u>	<u>1.8677</u>	<u>0.841</u>	<u>1.5705</u>	<u>2.6</u>
<u>113</u>	<u>AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE</u>	<u>2.7806</u>	<u>1.000</u>	<u>2.7806</u>	<u>9.8</u>
<u>114</u>	<u>UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS</u>	<u>1.5656</u>	<u>1.000</u>	<u>1.5656</u>	<u>6</u>
<u>115</u>	<u>PERM PACE IMPLNT W AMLHRT FAIL OR SHOCK OR AICD LEAD OR GEN PROC</u>	<u>3.4711</u>	<u>1.000</u>	<u>3.4711</u>	<u>6</u>
<u>116</u>	<u>OTH PERM CARDIAC PACEMAKER IMPLANT OR PTCA W CORONARY ART STENT</u>	<u>2.419</u>	<u>1.000</u>	<u>2.4190</u>	<u>2.6</u>

<u>117</u>	<u>CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT</u>	<u>1.2966</u>	<u>1.000</u>	<u>1.2966</u>	<u>2.6</u>
<u>118</u>	<u>CARDIAC PACEMAKER DEVICE REPLACEMENT</u>	<u>1.4939</u>	<u>1.000</u>	<u>1.4939</u>	<u>1.9</u>
<u>119</u>	<u>VEIN LIGATION & STRIPPING</u>	<u>1.26</u>	<u>1.000</u>	<u>1.2600</u>	<u>2.9</u>
<u>120</u>	<u>OTHER CIRCULATORY SYSTEM O.R. PROCEDURES</u>	<u>2.0352</u>	<u>1.000</u>	<u>2.0352</u>	<u>4.9</u>
<u>121</u>	<u>CIRCULATORY DISORDERS W AMI & MAJOR COMP DISCH ALIVE</u>	<u>1.6194</u>	<u>1.000</u>	<u>1.6194</u>	<u>5.5</u>
<u>122</u>	<u>CIRCULATORY DISORDERS W AMI W/O MAJOR COMP DISCH ALIVE</u>	<u>1.0884</u>	<u>1.000</u>	<u>1.0884</u>	<u>3.3</u>
<u>123</u>	<u>CIRCULATORY DISORDERS W AMI, EXPIRED</u>	<u>1.5528</u>	<u>1.000</u>	<u>1.5528</u>	<u>2.8</u>
<u>124</u>	<u>CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG</u>	<u>1.4134</u>	<u>1.000</u>	<u>1.4134</u>	<u>3.3</u>
<u>125</u>	<u>CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG</u>	<u>1.0606</u>	<u>1.000</u>	<u>1.0606</u>	<u>2.2</u>
<u>126</u>	<u>ACUTE & SUBACUTE ENDOCARDITIS</u>	<u>2.5379</u>	<u>1.000</u>	<u>2.5379</u>	<u>9.3</u>
<u>127</u>	<u>HEART FAILURE & SHOCK</u>	<u>1.013</u>	<u>1.000</u>	<u>1.0130</u>	<u>4.2</u>
<u>128</u>	<u>DEEP VEIN THROMBOPHLEBITIS</u>	<u>0.7651</u>	<u>1.000</u>	<u>0.7651</u>	<u>5</u>
<u>129</u>	<u>CARDIAC ARREST, UNEXPLAINED</u>	<u>1.0968</u>	<u>1.000</u>	<u>1.0968</u>	<u>1.8</u>
<u>130</u>	<u>PERIPHERAL VASCULAR DISORDERS W CC</u>	<u>0.9471</u>	<u>1.000</u>	<u>0.9471</u>	<u>4.7</u>
<u>131</u>	<u>PERIPHERAL VASCULAR DISORDERS W/O CC</u>	<u>0.5898</u>	<u>1.000</u>	<u>0.5898</u>	<u>3.6</u>
<u>132</u>	<u>ATHEROSCLEROSIS W CC</u>	<u>0.6707</u>	<u>1.000</u>	<u>0.6707</u>	<u>2.4</u>
<u>133</u>	<u>ATHEROSCLEROSIS W/O CC</u>	<u>0.5663</u>	<u>1.000</u>	<u>0.5663</u>	<u>1.9</u>
<u>134</u>	<u>HYPERTENSION</u>	<u>0.5917</u>	<u>1.000</u>	<u>0.5917</u>	<u>2.6</u>
<u>135</u>	<u>CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC</u>	<u>0.9083</u>	<u>1.000</u>	<u>0.9083</u>	<u>3.3</u>
<u>136</u>	<u>CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC</u>	<u>0.6065</u>	<u>1.000</u>	<u>0.6065</u>	<u>2.2</u>
<u>137</u>	<u>CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17</u>	<u>0.8192</u>	<u>1.000</u>	<u>0.8192</u>	<u>3.3</u>
<u>138</u>	<u>CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC</u>	<u>0.8291</u>	<u>1.000</u>	<u>0.8291</u>	<u>3.1</u>
<u>139</u>	<u>CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC</u>	<u>0.5141</u>	<u>1.000</u>	<u>0.5141</u>	<u>2</u>

<u>140</u>	<u>ANGINA PECTORIS</u>	<u>0.574</u>	<u>0.783</u>	<u>0.4497</u>	<u>2.2</u>
<u>141</u>	<u>SYNCOPE & COLLAPSE W CC</u>	<u>0.7219</u>	<u>1.000</u>	<u>0.7219</u>	<u>2.9</u>
<u>142</u>	<u>SYNCOPE & COLLAPSE W/O CC</u>	<u>0.5552</u>	<u>1.000</u>	<u>0.5552</u>	<u>2.2</u>
<u>143</u>	<u>CHEST PAIN</u>	<u>0.5402</u>	<u>0.842</u>	<u>0.4547</u>	<u>1.8</u>
<u>144</u>	<u>OTHER CIRCULATORY SYSTEM DIAGNOSES W CC</u>	<u>1.1668</u>	<u>1.000</u>	<u>1.1668</u>	<u>3.8</u>
<u>145</u>	<u>OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC</u>	<u>0.6322</u>	<u>1.000</u>	<u>0.6322</u>	<u>2.2</u>
<u>146</u>	<u>RECTAL RESECTION W CC</u>	<u>2.743</u>	<u>1.000</u>	<u>2.7430</u>	<u>8.9</u>
<u>147</u>	<u>RECTAL RESECTION W/O CC</u>	<u>1.6221</u>	<u>1.000</u>	<u>1.6221</u>	<u>6</u>
<u>148</u>	<u>MAJOR SMALL & LARGE BOWEL PROCEDURES W CC</u>	<u>3.4347</u>	<u>1.000</u>	<u>3.4347</u>	<u>10.1</u>
<u>149</u>	<u>MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC</u>	<u>1.5667</u>	<u>1.000</u>	<u>1.5667</u>	<u>6.1</u>
<u>150</u>	<u>PERITONEAL ADHESIOLYSIS W CC</u>	<u>2.8523</u>	<u>1.000</u>	<u>2.8523</u>	<u>9.1</u>
<u>151</u>	<u>PERITONEAL ADHESIOLYSIS W/O CC</u>	<u>1.3427</u>	<u>1.000</u>	<u>1.3427</u>	<u>4.8</u>
<u>152</u>	<u>MINOR SMALL & LARGE BOWEL PROCEDURES W CC</u>	<u>1.9462</u>	<u>1.000</u>	<u>1.9462</u>	<u>6.8</u>
<u>153</u>	<u>MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC</u>	<u>1.208</u>	<u>1.000</u>	<u>1.2080</u>	<u>4.9</u>
<u>154</u>	<u>STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC</u>	<u>4.1475</u>	<u>1.000</u>	<u>4.1475</u>	<u>10.1</u>
<u>155</u>	<u>STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC</u>	<u>1.3751</u>	<u>1.000</u>	<u>1.3751</u>	<u>3.3</u>
<u>156</u>	<u>STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17</u>	<u>0.8436</u>	<u>1.000</u>	<u>0.8436</u>	<u>6</u>
<u>157</u>	<u>ANAL & STOMAL PROCEDURES W CC</u>	<u>1.2388</u>	<u>1.000</u>	<u>1.2388</u>	<u>3.9</u>
<u>158</u>	<u>ANAL & STOMAL PROCEDURES W/O CC</u>	<u>0.6638</u>	<u>1.000</u>	<u>0.6638</u>	<u>2.1</u>
<u>159</u>	<u>HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC</u>	<u>1.3347</u>	<u>1.000</u>	<u>1.3347</u>	<u>3.8</u>
<u>160</u>	<u>HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC</u>	<u>0.7837</u>	<u>0.902</u>	<u>0.7066</u>	<u>2.2</u>
<u>161</u>	<u>INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC</u>	<u>1.1017</u>	<u>1.000</u>	<u>1.1017</u>	<u>2.9</u>
<u>162</u>	<u>INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC</u>	<u>0.6229</u>	<u>0.867</u>	<u>0.5402</u>	<u>1.6</u>
<u>163</u>	<u>HERNIA PROCEDURES AGE 0-17</u>	<u>0.6921</u>	<u>1.000</u>	<u>0.6921</u>	<u>2.4</u>

<u>164</u>	<u>APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC</u>	<u>2.376</u>	<u>1.000</u>	<u>2.3760</u>	<u>7.1</u>
<u>165</u>	<u>APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC</u>	<u>1.2838</u>	<u>1.000</u>	<u>1.2838</u>	<u>4.3</u>
<u>166</u>	<u>APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC</u>	<u>1.4802</u>	<u>1.000</u>	<u>1.4802</u>	<u>4</u>
<u>167</u>	<u>APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC</u>	<u>0.8937</u>	<u>1.000</u>	<u>0.8937</u>	<u>2.3</u>
<u>168</u>	<u>MOUTH PROCEDURES W CC</u>	<u>1.2141</u>	<u>1.000</u>	<u>1.2141</u>	<u>3.2</u>
<u>169</u>	<u>MOUTH PROCEDURES W/O CC</u>	<u>0.7455</u>	<u>1.000</u>	<u>0.7455</u>	<u>1.9</u>
<u>170</u>	<u>OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC</u>	<u>2.8686</u>	<u>1.000</u>	<u>2.8686</u>	<u>7.7</u>
<u>171</u>	<u>OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC</u>	<u>1.1975</u>	<u>1.000</u>	<u>1.1975</u>	<u>3.6</u>
<u>172</u>	<u>DIGESTIVE MALIGNANCY W CC</u>	<u>1.3485</u>	<u>1.000</u>	<u>1.3485</u>	<u>5.1</u>
<u>173</u>	<u>DIGESTIVE MALIGNANCY W/O CC</u>	<u>0.77</u>	<u>1.000</u>	<u>0.7700</u>	<u>2.8</u>
<u>174</u>	<u>G.I. HEMORRHAGE W CC</u>	<u>0.9985</u>	<u>1.000</u>	<u>0.9985</u>	<u>3.9</u>
<u>175</u>	<u>G.I. HEMORRHAGE W/O CC</u>	<u>0.5501</u>	<u>1.000</u>	<u>0.5501</u>	<u>2.5</u>
<u>176</u>	<u>COMPLICATED PEPTIC ULCER</u>	<u>1.1052</u>	<u>1.000</u>	<u>1.1052</u>	<u>4.1</u>
<u>177</u>	<u>UNCOMPLICATED PEPTIC ULCER W CC</u>	<u>0.8998</u>	<u>1.000</u>	<u>0.8998</u>	<u>3.7</u>
<u>178</u>	<u>UNCOMPLICATED PEPTIC ULCER W/O CC</u>	<u>0.6604</u>	<u>1.000</u>	<u>0.6604</u>	<u>2.6</u>
<u>179</u>	<u>INFLAMMATORY BOWEL DISEASE</u>	<u>1.0576</u>	<u>1.000</u>	<u>1.0576</u>	<u>4.7</u>
<u>180</u>	<u>G.I. OBSTRUCTION W CC</u>	<u>0.9423</u>	<u>1.000</u>	<u>0.9423</u>	<u>4.2</u>
<u>181</u>	<u>G.I. OBSTRUCTION W/O CC</u>	<u>0.5304</u>	<u>1.000</u>	<u>0.5304</u>	<u>2.8</u>
<u>182</u>	<u>ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC</u>	<u>0.7922</u>	<u>1.000</u>	<u>0.7922</u>	<u>3.4</u>
<u>183</u>	<u>ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC</u>	<u>0.5717</u>	<u>1.000</u>	<u>0.5717</u>	<u>2.4</u>
<u>184</u>	<u>ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17</u>	<u>0.5119</u>	<u>1.000</u>	<u>0.5119</u>	<u>2.5</u>
<u>185</u>	<u>DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE >17</u>	<u>0.8621</u>	<u>1.000</u>	<u>0.8621</u>	<u>3.3</u>
<u>186</u>	<u>DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17</u>	<u>0.3216</u>	<u>1.000</u>	<u>0.3216</u>	<u>2.9</u>
<u>187</u>	<u>DENTAL EXTRACTIONS & RESTORATIONS</u>	<u>0.7649</u>	<u>1.000</u>	<u>0.7649</u>	<u>2.9</u>

<u>188</u>	<u>OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC</u>	<u>1.1005</u>	<u>1.000</u>	<u>1.1005</u>	<u>4.1</u>
<u>189</u>	<u>OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC</u>	<u>0.5796</u>	<u>1.000</u>	<u>0.5796</u>	<u>2.4</u>
<u>190</u>	<u>OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17</u>	<u>0.9884</u>	<u>1.000</u>	<u>0.9884</u>	<u>4.1</u>
<u>191</u>	<u>PANCREAS, LIVER & SHUNT PROCEDURES W CC</u>	<u>4.3914</u>	<u>1.000</u>	<u>4.3914</u>	<u>10.5</u>
<u>192</u>	<u>PANCREAS, LIVER & SHUNT PROCEDURES W/O CC</u>	<u>1.7916</u>	<u>1.000</u>	<u>1.7916</u>	<u>5.3</u>
<u>193</u>	<u>BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC</u>	<u>3.3861</u>	<u>1.000</u>	<u>3.3861</u>	<u>10.3</u>
<u>194</u>	<u>BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC</u>	<u>1.6191</u>	<u>1.000</u>	<u>1.6191</u>	<u>5.6</u>
<u>195</u>	<u>CHOLECYSTECTOMY W C.D.E. W CC</u>	<u>2.9062</u>	<u>1.000</u>	<u>2.9062</u>	<u>8.3</u>
<u>196</u>	<u>CHOLECYSTECTOMY W C.D.E. W/O CC</u>	<u>1.6593</u>	<u>1.000</u>	<u>1.6593</u>	<u>4.9</u>
<u>197</u>	<u>CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC</u>	<u>2.4544</u>	<u>1.000</u>	<u>2.4544</u>	<u>7.2</u>
<u>198</u>	<u>CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC</u>	<u>1.2339</u>	<u>1.000</u>	<u>1.2339</u>	<u>3.9</u>
<u>199</u>	<u>HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY</u>	<u>2.3584</u>	<u>1.000</u>	<u>2.3584</u>	<u>7.2</u>
<u>200</u>	<u>HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON- MALIGNANCY</u>	<u>3.2262</u>	<u>1.000</u>	<u>3.2262</u>	<u>7</u>
<u>201</u>	<u>OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES</u>	<u>3.4035</u>	<u>1.000</u>	<u>3.4035</u>	<u>10.2</u>
<u>202</u>	<u>CIRRHOSIS & ALCOHOLIC HEPATITIS</u>	<u>1.3001</u>	<u>1.000</u>	<u>1.3001</u>	<u>4.9</u>
<u>203</u>	<u>MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS</u>	<u>1.325</u>	<u>1.000</u>	<u>1.3250</u>	<u>5</u>
<u>204</u>	<u>DISORDERS OF PANCREAS EXCEPT MALIGNANCY</u>	<u>1.2018</u>	<u>1.000</u>	<u>1.2018</u>	<u>4.5</u>
<u>205</u>	<u>DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC</u>	<u>1.2048</u>	<u>1.000</u>	<u>1.2048</u>	<u>4.7</u>
<u>206</u>	<u>DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC</u>	<u>0.6751</u>	<u>1.000</u>	<u>0.6751</u>	<u>3</u>
<u>207</u>	<u>DISORDERS OF THE BILIARY TRACT W CC</u>	<u>1.1032</u>	<u>1.000</u>	<u>1.1032</u>	<u>4</u>
<u>208</u>	<u>DISORDERS OF THE BILIARY TRACT W/O CC</u>	<u>0.6538</u>	<u>1.000</u>	<u>0.6538</u>	<u>2.3</u>

<u>209</u>	<u>MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY</u>	<u>2.0912</u>	<u>0.950</u>	<u>1.9866</u>	<u>4.6</u>
<u>210</u>	<u>HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC</u>	<u>1.8152</u>	<u>1.180</u>	<u>2.1419</u>	<u>6</u>
<u>211</u>	<u>HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC</u>	<u>1.2647</u>	<u>0.973</u>	<u>1.2300</u>	<u>4.5</u>
<u>212</u>	<u>HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17</u>	<u>0.8472</u>	<u>1.000</u>	<u>0.8472</u>	<u>11.1</u>
<u>213</u>	<u>AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS</u>	<u>1.7726</u>	<u>1.000</u>	<u>1.7726</u>	<u>6.4</u>
<u>214</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>0.967</u>	<u>0.0000</u>	<u>0</u>
<u>215</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>0.956</u>	<u>0.0000</u>	<u>0</u>
<u>216</u>	<u>BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE</u>	<u>2.2042</u>	<u>1.000</u>	<u>2.2042</u>	<u>7.1</u>
<u>217</u>	<u>WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCULOSKELETAL & CONN TISS DIS</u>	<u>2.923</u>	<u>0.572</u>	<u>1.6711</u>	<u>8.9</u>
<u>218</u>	<u>LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W CC</u>	<u>1.5337</u>	<u>1.030</u>	<u>1.5794</u>	<u>4.2</u>
<u>219</u>	<u>LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W/O CC</u>	<u>1.0255</u>	<u>0.968</u>	<u>0.9928</u>	<u>2.7</u>
<u>220</u>	<u>LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17</u>	<u>0.5844</u>	<u>1.000</u>	<u>0.5844</u>	<u>5.3</u>
<u>221</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>0.818</u>	<u>0.0000</u>	<u>0</u>
<u>222</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>1.038</u>	<u>0.0000</u>	<u>0</u>
<u>223</u>	<u>MAJOR SHOULDER/ELBOW PROC. OR OTHER UPPER EXTREMITY PROC W CC</u>	<u>0.9585</u>	<u>0.885</u>	<u>0.8483</u>	<u>2</u>
<u>224</u>	<u>SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC</u>	<u>0.7997</u>	<u>1.012</u>	<u>0.8095</u>	<u>1.7</u>
<u>225</u>	<u>FOOT PROCEDURES</u>	<u>1.0851</u>	<u>1.001</u>	<u>1.0860</u>	<u>3.3</u>
<u>226</u>	<u>SOFT TISSUE PROCEDURES W CC</u>	<u>1.477</u>	<u>1.000</u>	<u>1.4770</u>	<u>4.3</u>
<u>227</u>	<u>SOFT TISSUE PROCEDURES W/O CC</u>	<u>0.8036</u>	<u>0.944</u>	<u>0.7588</u>	<u>2.1</u>
<u>228</u>	<u>MAJOR THUMB OR JOINT PROC. OR OTHER HAND OR WRIST PROC W CC</u>	<u>1.0664</u>	<u>0.906</u>	<u>0.9665</u>	<u>2.4</u>
<u>229</u>	<u>HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC</u>	<u>0.7169</u>	<u>1.037</u>	<u>0.7432</u>	<u>1.8</u>

<u>230</u>	<u>LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR</u>	<u>1.249</u>	<u>1.000</u>	<u>1.2490</u>	<u>3.4</u>
<u>231</u>	<u>LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP & FEMUR</u>	<u>1.3825</u>	<u>0.734</u>	<u>1.0149</u>	<u>3.2</u>
<u>232</u>	<u>ARTHROSCOPY</u>	<u>1.0828</u>	<u>0.817</u>	<u>0.8842</u>	<u>2.3</u>
<u>233</u>	<u>OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC</u>	<u>2.089</u>	<u>1.000</u>	<u>2.0890</u>	<u>5.3</u>
<u>234</u>	<u>OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC</u>	<u>1.2661</u>	<u>0.813</u>	<u>1.0297</u>	<u>2.7</u>
<u>235</u>	<u>FRACTURES OF FEMUR</u>	<u>0.7582</u>	<u>1.000</u>	<u>0.7582</u>	<u>3.8</u>
<u>236</u>	<u>FRACTURES OF HIP & PELVIS</u>	<u>0.7218</u>	<u>0.979</u>	<u>0.7066</u>	<u>4</u>
<u>237</u>	<u>SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH</u>	<u>0.5681</u>	<u>1.000</u>	<u>0.5681</u>	<u>3</u>
<u>238</u>	<u>OSTEOMYELITIS</u>	<u>1.3496</u>	<u>1.000</u>	<u>1.3496</u>	<u>6.4</u>
<u>239</u>	<u>PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY</u>	<u>0.9745</u>	<u>1.000</u>	<u>0.9745</u>	<u>4.9</u>
<u>240</u>	<u>CONNECTIVE TISSUE DISORDERS W CC</u>	<u>1.2712</u>	<u>1.000</u>	<u>1.2712</u>	<u>4.9</u>
<u>241</u>	<u>CONNECTIVE TISSUE DISORDERS W/O CC</u>	<u>0.6177</u>	<u>1.000</u>	<u>0.6177</u>	<u>3.1</u>
<u>242</u>	<u>SEPTIC ARTHRITIS</u>	<u>1.0724</u>	<u>1.000</u>	<u>1.0724</u>	<u>5.1</u>
<u>243</u>	<u>MEDICAL BACK PROBLEMS</u>	<u>0.7262</u>	<u>0.761</u>	<u>0.5526</u>	<u>3.7</u>
<u>244</u>	<u>BONE DISEASES & SPECIFIC ARTHROPATHIES W CC</u>	<u>0.7155</u>	<u>1.000</u>	<u>0.7155</u>	<u>3.7</u>
<u>245</u>	<u>BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC</u>	<u>0.4832</u>	<u>1.000</u>	<u>0.4832</u>	<u>2.8</u>
<u>246</u>	<u>NON-SPECIFIC ARTHROPATHIES</u>	<u>0.557</u>	<u>1.000</u>	<u>0.5570</u>	<u>2.9</u>
<u>247</u>	<u>SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE</u>	<u>0.5696</u>	<u>1.000</u>	<u>0.5696</u>	<u>2.6</u>
<u>248</u>	<u>TENDONITIS, MYOSITIS & BURSITIS</u>	<u>0.7864</u>	<u>1.000</u>	<u>0.7864</u>	<u>3.7</u>
<u>249</u>	<u>AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE</u>	<u>0.6913</u>	<u>1.000</u>	<u>0.6913</u>	<u>2.6</u>
<u>250</u>	<u>FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC</u>	<u>0.6929</u>	<u>1.000</u>	<u>0.6929</u>	<u>3.3</u>
<u>251</u>	<u>FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC</u>	<u>0.4995</u>	<u>0.901</u>	<u>0.4501</u>	<u>2.4</u>
<u>252</u>	<u>FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17</u>	<u>0.2538</u>	<u>1.000</u>	<u>0.2538</u>	<u>1.8</u>

<u>253</u>	<u>FX, SPRN, STRN & DISL OF</u> <u>UPARM,LOWLEG EX FOOT AGE >17</u> <u>W CC</u>	<u>0.7253</u>	<u>1.000</u>	<u>0.7253</u>	<u>3.7</u>
<u>254</u>	<u>FX, SPRN, STRN & DISL OF</u> <u>UPARM,LOWLEG EX FOOT AGE >17</u> <u>W/O CC</u>	<u>0.4413</u>	<u>1.003</u>	<u>0.4427</u>	<u>2.6</u>
<u>255</u>	<u>FX, SPRN, STRN & DISL OF</u> <u>UPARM,LOWLEG EX FOOT AGE 0-17</u>	<u>0.2956</u>	<u>1.000</u>	<u>0.2956</u>	<u>2.9</u>
<u>256</u>	<u>OTHER MUSCULOSKELETAL</u> <u>SYSTEM & CONNECTIVE TISSUE</u> <u>DIAGNOSES</u>	<u>0.7959</u>	<u>1.000</u>	<u>0.7959</u>	<u>3.8</u>
<u>257</u>	<u>TOTAL MASTECTOMY FOR</u> <u>MALIGNANCY W CC</u>	<u>0.9107</u>	<u>1.000</u>	<u>0.9107</u>	<u>2.3</u>
<u>258</u>	<u>TOTAL MASTECTOMY FOR</u> <u>MALIGNANCY W/O CC</u>	<u>0.7232</u>	<u>1.000</u>	<u>0.7232</u>	<u>1.8</u>
<u>259</u>	<u>SUBTOTAL MASTECTOMY FOR</u> <u>MALIGNANCY W CC</u>	<u>0.9068</u>	<u>1.000</u>	<u>0.9068</u>	<u>1.8</u>
<u>260</u>	<u>SUBTOTAL MASTECTOMY FOR</u> <u>MALIGNANCY W/O CC</u>	<u>0.6532</u>	<u>1.000</u>	<u>0.6532</u>	<u>1.3</u>
<u>261</u>	<u>BREAST PROC FOR NON-</u> <u>MALIGNANCY EXCEPT BIOPSY &</u> <u>LOCAL EXCISION</u>	<u>0.9362</u>	<u>1.000</u>	<u>0.9362</u>	<u>1.7</u>
<u>262</u>	<u>BREAST BIOPSY & LOCAL EXCISION</u> <u>FOR NON-MALIGNANCY</u>	<u>0.8754</u>	<u>1.000</u>	<u>0.8754</u>	<u>2.7</u>
<u>263</u>	<u>SKIN GRAFT &/OR DEBRID FOR SKN</u> <u>ULCER OR CELLULITIS W CC</u>	<u>2.1219</u>	<u>1.000</u>	<u>2.1219</u>	<u>8.9</u>
<u>264</u>	<u>SKIN GRAFT &/OR DEBRID FOR SKN</u> <u>ULCER OR CELLULITIS W/O CC</u>	<u>1.1479</u>	<u>1.000</u>	<u>1.1479</u>	<u>5.4</u>
<u>265</u>	<u>SKIN GRAFT &/OR DEBRID EXCEPT</u> <u>FOR SKIN ULCER OR CELLULITIS W</u> <u>CC</u>	<u>1.5309</u>	<u>1.000</u>	<u>1.5309</u>	<u>4.3</u>
<u>266</u>	<u>SKIN GRAFT &/OR DEBRID EXCEPT</u> <u>FOR SKIN ULCER OR CELLULITIS W/O</u> <u>CC</u>	<u>0.8707</u>	<u>1.131</u>	<u>0.9844</u>	<u>2.4</u>
<u>267</u>	<u>PERIANAL & PILONIDAL</u> <u>PROCEDURES</u>	<u>1.0792</u>	<u>1.000</u>	<u>1.0792</u>	<u>3.1</u>
<u>268</u>	<u>SKIN, SUBCUTANEOUS TISSUE &</u> <u>BREAST PLASTIC PROCEDURES</u>	<u>1.1405</u>	<u>1.000</u>	<u>1.1405</u>	<u>2.4</u>
<u>269</u>	<u>OTHER SKIN, SUBCUT TISS &</u> <u>BREAST PROC W CC</u>	<u>1.7004</u>	<u>1.000</u>	<u>1.7004</u>	<u>5.8</u>
<u>270</u>	<u>OTHER SKIN, SUBCUT TISS &</u> <u>BREAST PROC W/O CC</u>	<u>0.767</u>	<u>1.000</u>	<u>0.7670</u>	<u>2.3</u>
<u>271</u>	<u>SKIN ULCERS</u>	<u>1.0104</u>	<u>1.000</u>	<u>1.0104</u>	<u>5.5</u>
<u>272</u>	<u>MAJOR SKIN DISORDERS W CC</u>	<u>0.9994</u>	<u>1.000</u>	<u>0.9994</u>	<u>4.8</u>

<u>273</u>	<u>MAJOR SKIN DISORDERS W/O CC</u>	<u>0.6179</u>	<u>1.000</u>	<u>0.6179</u>	<u>3.2</u>
<u>274</u>	<u>MALIGNANT BREAST DISORDERS W CC</u>	<u>1.2061</u>	<u>1.000</u>	<u>1.2061</u>	<u>4.9</u>
<u>275</u>	<u>MALIGNANT BREAST DISORDERS W/O CC</u>	<u>0.5301</u>	<u>1.000</u>	<u>0.5301</u>	<u>2.4</u>
<u>276</u>	<u>NON-MALIGANT BREAST DISORDERS</u>	<u>0.6899</u>	<u>1.000</u>	<u>0.6899</u>	<u>3.6</u>
<u>277</u>	<u>CELLULITIS AGE >17 W CC</u>	<u>0.8396</u>	<u>0.791</u>	<u>0.6641</u>	<u>4.7</u>
<u>278</u>	<u>CELLULITIS AGE >17 W/O CC</u>	<u>0.5522</u>	<u>0.865</u>	<u>0.4779</u>	<u>3.6</u>
<u>279</u>	<u>CELLULITIS AGE 0-17</u>	<u>0.6644</u>	<u>1.000</u>	<u>0.6644</u>	<u>4.2</u>
<u>280</u>	<u>TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC</u>	<u>0.6788</u>	<u>1.000</u>	<u>0.6788</u>	<u>3.2</u>
<u>281</u>	<u>TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC</u>	<u>0.4729</u>	<u>0.971</u>	<u>0.4591</u>	<u>2.4</u>
<u>282</u>	<u>TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17</u>	<u>0.257</u>	<u>1.000</u>	<u>0.2570</u>	<u>2.2</u>
<u>283</u>	<u>MINOR SKIN DISORDERS W CC</u>	<u>0.6917</u>	<u>1.000</u>	<u>0.6917</u>	<u>3.5</u>
<u>284</u>	<u>MINOR SKIN DISORDERS W/O CC</u>	<u>0.4336</u>	<u>1.000</u>	<u>0.4336</u>	<u>2.5</u>
<u>285</u>	<u>AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT.& METABOL DISORDERS</u>	<u>1.9961</u>	<u>1.000</u>	<u>1.9961</u>	<u>7.7</u>
<u>286</u>	<u>ADRENAL & PITUITARY PROCEDURES</u>	<u>2.1299</u>	<u>1.000</u>	<u>2.1299</u>	<u>4.9</u>
<u>287</u>	<u>SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS</u>	<u>1.8283</u>	<u>1.000</u>	<u>1.8283</u>	<u>7.8</u>
<u>288</u>	<u>O.R. PROCEDURES FOR OBESITY</u>	<u>2.1607</u>	<u>1.000</u>	<u>2.1607</u>	<u>4.5</u>
<u>289</u>	<u>PARATHYROID PROCEDURES</u>	<u>0.9914</u>	<u>1.000</u>	<u>0.9914</u>	<u>2</u>
<u>290</u>	<u>THYROID PROCEDURES</u>	<u>0.9193</u>	<u>1.000</u>	<u>0.9193</u>	<u>1.8</u>
<u>291</u>	<u>THYROGLOSSAL PROCEDURES</u>	<u>0.5487</u>	<u>1.000</u>	<u>0.5487</u>	<u>1.4</u>
<u>292</u>	<u>OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC</u>	<u>2.4538</u>	<u>1.000</u>	<u>2.4538</u>	<u>6.9</u>
<u>293</u>	<u>OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC</u>	<u>1.2289</u>	<u>1.000</u>	<u>1.2289</u>	<u>3.6</u>
<u>294</u>	<u>DIABETES AGE >35</u>	<u>0.7589</u>	<u>1.000</u>	<u>0.7589</u>	<u>3.6</u>
<u>295</u>	<u>DIABETES AGE 0-35</u>	<u>0.7587</u>	<u>1.000</u>	<u>0.7587</u>	<u>2.9</u>
<u>296</u>	<u>NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC</u>	<u>0.8594</u>	<u>1.000</u>	<u>0.8594</u>	<u>4</u>
<u>297</u>	<u>NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC</u>	<u>0.5179</u>	<u>1.000</u>	<u>0.5179</u>	<u>2.8</u>
<u>298</u>	<u>NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17</u>	<u>0.5269</u>	<u>1.000</u>	<u>0.5269</u>	<u>2.5</u>
<u>299</u>	<u>INBORN ERRORS OF METABOLISM</u>	<u>0.9632</u>	<u>1.000</u>	<u>0.9632</u>	<u>4</u>

<u>300</u>	<u>ENDOCRINE DISORDERS W CC</u>	<u>1.0829</u>	<u>1.000</u>	<u>1.0829</u>	<u>4.7</u>
<u>301</u>	<u>ENDOCRINE DISORDERS W/O CC</u>	<u>0.6133</u>	<u>1.000</u>	<u>0.6133</u>	<u>2.9</u>
<u>302</u>	<u>KIDNEY TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>303</u>	<u>KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM</u>	<u>2.4602</u>	<u>1.000</u>	<u>2.4602</u>	<u>7</u>
<u>304</u>	<u>KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC</u>	<u>2.3407</u>	<u>1.000</u>	<u>2.3407</u>	<u>6.4</u>
<u>305</u>	<u>KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC</u>	<u>1.1825</u>	<u>1.000</u>	<u>1.1825</u>	<u>3.1</u>
<u>306</u>	<u>PROSTATECTOMY W CC</u>	<u>1.2489</u>	<u>1.000</u>	<u>1.2489</u>	<u>3.7</u>
<u>307</u>	<u>PROSTATECTOMY W/O CC</u>	<u>0.646</u>	<u>1.000</u>	<u>0.6460</u>	<u>1.9</u>
<u>308</u>	<u>MINOR BLADDER PROCEDURES W CC</u>	<u>1.6449</u>	<u>1.000</u>	<u>1.6449</u>	<u>4.2</u>
<u>309</u>	<u>MINOR BLADDER PROCEDURES W/O CC</u>	<u>0.9339</u>	<u>1.000</u>	<u>0.9339</u>	<u>2</u>
<u>310</u>	<u>TRANSURETHRAL PROCEDURES W CC</u>	<u>1.1172</u>	<u>1.000</u>	<u>1.1172</u>	<u>3</u>
<u>311</u>	<u>TRANSURETHRAL PROCEDURES W/O CC</u>	<u>0.6174</u>	<u>1.000</u>	<u>0.6174</u>	<u>1.6</u>
<u>312</u>	<u>URETHRAL PROCEDURES, AGE >17 W CC</u>	<u>1.0173</u>	<u>1.000</u>	<u>1.0173</u>	<u>3</u>
<u>313</u>	<u>URETHRAL PROCEDURES, AGE >17 W/O CC</u>	<u>0.6444</u>	<u>1.000</u>	<u>0.6444</u>	<u>1.7</u>
<u>314</u>	<u>URETHRAL PROCEDURES, AGE 0-17</u>	<u>0.4953</u>	<u>1.000</u>	<u>0.4953</u>	<u>2.3</u>
<u>315</u>	<u>OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES</u>	<u>2.0474</u>	<u>1.000</u>	<u>2.0474</u>	<u>4.2</u>
<u>316</u>	<u>RENAL FAILURE</u>	<u>1.3424</u>	<u>1.000</u>	<u>1.3424</u>	<u>4.9</u>
<u>317</u>	<u>ADMIT FOR RENAL DIALYSIS</u>	<u>0.7395</u>	<u>1.000</u>	<u>0.7395</u>	<u>2.1</u>
<u>318</u>	<u>KIDNEY & URINARY TRACT NEOPLASMS W CC</u>	<u>1.1313</u>	<u>1.000</u>	<u>1.1313</u>	<u>4.3</u>
<u>319</u>	<u>KIDNEY & URINARY TRACT NEOPLASMS W/O CC</u>	<u>0.604</u>	<u>1.000</u>	<u>0.6040</u>	<u>2.2</u>
<u>320</u>	<u>KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC</u>	<u>0.8621</u>	<u>1.000</u>	<u>0.8621</u>	<u>4.3</u>
<u>321</u>	<u>KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC</u>	<u>0.5686</u>	<u>1.000</u>	<u>0.5686</u>	<u>3.2</u>
<u>322</u>	<u>KIDNEY & URINARY TRACT INFECTIONS AGE 0-17</u>	<u>0.4939</u>	<u>1.000</u>	<u>0.4939</u>	<u>3.3</u>
<u>323</u>	<u>URINARY STONES W CC, &/OR ESW LITHOTRIPSY</u>	<u>0.7996</u>	<u>1.000</u>	<u>0.7996</u>	<u>2.4</u>
<u>324</u>	<u>URINARY STONES W/O CC</u>	<u>0.4509</u>	<u>1.000</u>	<u>0.4509</u>	<u>1.6</u>

<u>325</u>	<u>KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC</u>	<u>0.646</u>	<u>1.000</u>	<u>0.6460</u>	<u>3</u>
<u>326</u>	<u>KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC</u>	<u>0.4297</u>	<u>1.000</u>	<u>0.4297</u>	<u>2.1</u>
<u>327</u>	<u>KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17</u>	<u>0.3543</u>	<u>1.000</u>	<u>0.3543</u>	<u>3.1</u>
<u>328</u>	<u>URETHRAL STRICTURE AGE >17 W CC</u>	<u>0.7455</u>	<u>1.000</u>	<u>0.7455</u>	<u>2.8</u>
<u>329</u>	<u>URETHRAL STRICTURE AGE >17 W/O CC</u>	<u>0.5253</u>	<u>1.000</u>	<u>0.5253</u>	<u>1.7</u>
<u>330</u>	<u>URETHRAL STRICTURE AGE 0-17</u>	<u>0.3191</u>	<u>1.000</u>	<u>0.3191</u>	<u>1.6</u>
<u>331</u>	<u>OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC</u>	<u>1.0221</u>	<u>1.000</u>	<u>1.0221</u>	<u>4.1</u>
<u>332</u>	<u>OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC</u>	<u>0.5997</u>	<u>1.000</u>	<u>0.5997</u>	<u>2.5</u>
<u>333</u>	<u>OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17</u>	<u>0.8247</u>	<u>1.000</u>	<u>0.8247</u>	<u>3.5</u>
<u>334</u>	<u>MAJOR MALE PELVIC PROCEDURES W CC</u>	<u>1.5591</u>	<u>1.000</u>	<u>1.5591</u>	<u>4.2</u>
<u>335</u>	<u>MAJOR MALE PELVIC PROCEDURES W/O CC</u>	<u>1.1697</u>	<u>1.000</u>	<u>1.1697</u>	<u>3.2</u>
<u>336</u>	<u>TRANSURETHRAL PROSTATECTOMY W CC</u>	<u>0.888</u>	<u>1.000</u>	<u>0.8880</u>	<u>2.7</u>
<u>337</u>	<u>TRANSURETHRAL PROSTATECTOMY W/O CC</u>	<u>0.6152</u>	<u>1.000</u>	<u>0.6152</u>	<u>1.9</u>
<u>338</u>	<u>TESTES PROCEDURES, FOR MALIGNANCY</u>	<u>1.19</u>	<u>1.000</u>	<u>1.1900</u>	<u>3.5</u>
<u>339</u>	<u>TESTES PROCEDURES, NON- MALIGNANCY AGE >17</u>	<u>1.0769</u>	<u>1.000</u>	<u>1.0769</u>	<u>3</u>
<u>340</u>	<u>TESTES PROCEDURES, NON- MALIGNANCY AGE 0-17</u>	<u>0.2835</u>	<u>1.000</u>	<u>0.2835</u>	<u>2.4</u>
<u>341</u>	<u>PENIS PROCEDURES</u>	<u>1.1709</u>	<u>1.000</u>	<u>1.1709</u>	<u>2.1</u>
<u>342</u>	<u>CIRCUMCISION AGE >17</u>	<u>0.824</u>	<u>1.000</u>	<u>0.8240</u>	<u>2.5</u>
<u>343</u>	<u>CIRCUMCISION AGE 0-17</u>	<u>0.1541</u>	<u>1.000</u>	<u>0.1541</u>	<u>1.7</u>
<u>344</u>	<u>OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY</u>	<u>1.1519</u>	<u>1.000</u>	<u>1.1519</u>	<u>1.6</u>
<u>345</u>	<u>OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY</u>	<u>0.88</u>	<u>1.000</u>	<u>0.8800</u>	<u>2.6</u>
<u>346</u>	<u>MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC</u>	<u>0.9756</u>	<u>1.000</u>	<u>0.9756</u>	<u>4.3</u>

347	<u>MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC</u>	<u>0.5922</u>	<u>1.000</u>	<u>0.5922</u>	<u>2.4</u>
348	<u>BENIGN PROSTATIC HYPERTROPHY W CC</u>	<u>0.7142</u>	<u>1.000</u>	<u>0.7142</u>	<u>3.2</u>
349	<u>BENIGN PROSTATIC HYPERTROPHY W/O CC</u>	<u>0.438</u>	<u>1.000</u>	<u>0.4380</u>	<u>2</u>
350	<u>INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM</u>	<u>0.6992</u>	<u>1.000</u>	<u>0.6992</u>	<u>3.6</u>
351	<u>STERILIZATION, MALE</u>	<u>0.2364</u>	<u>1.000</u>	<u>0.2364</u>	<u>1.3</u>
352	<u>OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES</u>	<u>0.6858</u>	<u>1.000</u>	<u>0.6858</u>	<u>2.8</u>
353	<u>PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY</u>	<u>1.9292</u>	<u>1.000</u>	<u>1.9292</u>	<u>5.3</u>
354	<u>UTERINE,ADNEXA PROC FOR NON- OVARIAN/ADNEXAL MALIG W CC</u>	<u>1.5284</u>	<u>1.000</u>	<u>1.5284</u>	<u>4.9</u>
355	<u>UTERINE,ADNEXA PROC FOR NON- OVARIAN/ADNEXAL MALIG W/O CC</u>	<u>0.9278</u>	<u>1.000</u>	<u>0.9278</u>	<u>3.1</u>
356	<u>FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES</u>	<u>0.7846</u>	<u>1.000</u>	<u>0.7846</u>	<u>2.1</u>
357	<u>UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY</u>	<u>2.3628</u>	<u>1.000</u>	<u>2.3628</u>	<u>6.9</u>
358	<u>UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC</u>	<u>1.2263</u>	<u>1.000</u>	<u>1.2263</u>	<u>3.7</u>
359	<u>UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC</u>	<u>0.8593</u>	<u>1.000</u>	<u>0.8593</u>	<u>2.6</u>
360	<u>VAGINA, CERVIX & VULVA PROCEDURES</u>	<u>0.886</u>	<u>1.000</u>	<u>0.8860</u>	<u>2.4</u>
361	<u>LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION</u>	<u>1.2318</u>	<u>1.000</u>	<u>1.2318</u>	<u>2.2</u>
362	<u>ENDOSCOPIC TUBAL INTERRUPTION</u>	<u>0.3022</u>	<u>1.000</u>	<u>0.3022</u>	<u>1.4</u>
363	<u>D&C, CONIZATION & RADIO- IMPLANT, FOR MALIGNANCY</u>	<u>0.8136</u>	<u>1.000</u>	<u>0.8136</u>	<u>2.5</u>
364	<u>D&C, CONIZATION EXCEPT FOR MALIGNANCY</u>	<u>0.753</u>	<u>1.000</u>	<u>0.7530</u>	<u>2.6</u>
365	<u>OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES</u>	<u>1.8425</u>	<u>1.000</u>	<u>1.8425</u>	<u>4.9</u>
366	<u>MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC</u>	<u>1.2467</u>	<u>1.000</u>	<u>1.2467</u>	<u>4.8</u>

<u>367</u>	<u>MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC</u>	<u>0.5676</u>	<u>1.000</u>	<u>0.5676</u>	<u>2.4</u>
<u>368</u>	<u>INFECTIONS, FEMALE REPRODUCTIVE SYSTEM</u>	<u>1.1205</u>	<u>1.000</u>	<u>1.1205</u>	<u>5</u>
<u>369</u>	<u>MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS</u>	<u>0.5704</u>	<u>1.000</u>	<u>0.5704</u>	<u>2.4</u>
<u>370</u>	<u>CESAREAN SECTION W CC</u>	<u>1.0631</u>	<u>1.000</u>	<u>1.0631</u>	<u>4.4</u>
<u>371</u>	<u>CESAREAN SECTION W/O CC</u>	<u>0.7157</u>	<u>1.000</u>	<u>0.7157</u>	<u>3.3</u>
<u>372</u>	<u>VAGINAL DELIVERY W COMPLICATING DIAGNOSES</u>	<u>0.6077</u>	<u>1.000</u>	<u>0.6077</u>	<u>2.7</u>
<u>373</u>	<u>VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES</u>	<u>0.4169</u>	<u>1.000</u>	<u>0.4169</u>	<u>2</u>
<u>374</u>	<u>VAGINAL DELIVERY W STERILIZATION &/OR D&C</u>	<u>0.7565</u>	<u>1.000</u>	<u>0.7565</u>	<u>2.6</u>
<u>375</u>	<u>VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C</u>	<u>0.686</u>	<u>1.000</u>	<u>0.6860</u>	<u>4.4</u>
<u>376</u>	<u>POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE</u>	<u>0.5224</u>	<u>1.000</u>	<u>0.5224</u>	<u>2.6</u>
<u>377</u>	<u>POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE</u>	<u>0.8899</u>	<u>1.000</u>	<u>0.8899</u>	<u>2.6</u>
<u>378</u>	<u>ECTOPIC PREGNANCY</u>	<u>0.7664</u>	<u>1.000</u>	<u>0.7664</u>	<u>2</u>
<u>379</u>	<u>THREATENED ABORTION</u>	<u>0.3959</u>	<u>1.000</u>	<u>0.3959</u>	<u>2</u>
<u>380</u>	<u>ABORTION W/O D&C</u>	<u>0.4843</u>	<u>1.000</u>	<u>0.4843</u>	<u>1.8</u>
<u>381</u>	<u>ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY</u>	<u>0.5331</u>	<u>1.000</u>	<u>0.5331</u>	<u>1.5</u>
<u>382</u>	<u>FALSE LABOR</u>	<u>0.2127</u>	<u>1.000</u>	<u>0.2127</u>	<u>1.3</u>
<u>383</u>	<u>OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS</u>	<u>0.5137</u>	<u>1.000</u>	<u>0.5137</u>	<u>2.7</u>
<u>384</u>	<u>OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS</u>	<u>0.3161</u>	<u>1.000</u>	<u>0.3161</u>	<u>1.6</u>
<u>385</u>	<u>NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY</u>	<u>1.3767</u>	<u>1.000</u>	<u>1.3767</u>	<u>1.8</u>
<u>386</u>	<u>EXTREME IMMATUREITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE</u>	<u>4.54</u>	<u>1.000</u>	<u>4.5400</u>	<u>17.9</u>
<u>387</u>	<u>PREMATURITY W MAJOR PROBLEMS</u>	<u>3.1007</u>	<u>1.000</u>	<u>3.1007</u>	<u>13.3</u>
<u>388</u>	<u>PREMATURITY W/O MAJOR PROBLEMS</u>	<u>1.8709</u>	<u>1.000</u>	<u>1.8709</u>	<u>8.6</u>
<u>389</u>	<u>FULL TERM NEONATE W MAJOR PROBLEMS</u>	<u>1.8408</u>	<u>1.000</u>	<u>1.8408</u>	<u>4.7</u>

<u>390</u>	<u>NEONATE W OTHER SIGNIFICANT PROBLEMS</u>	<u>0.9471</u>	<u>1.000</u>	<u>0.9471</u>	<u>3</u>
<u>391</u>	<u>NORMAL NEWBORN</u>	<u>0.1527</u>	<u>1.000</u>	<u>0.1527</u>	<u>3.1</u>
<u>392</u>	<u>SPLENECTOMY AGE >17</u>	<u>3.1739</u>	<u>1.000</u>	<u>3.1739</u>	<u>7.1</u>
<u>393</u>	<u>SPLENECTOMY AGE 0-17</u>	<u>1.3486</u>	<u>1.000</u>	<u>1.3486</u>	<u>9.1</u>
<u>394</u>	<u>OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS</u>	<u>1.5969</u>	<u>1.000</u>	<u>1.5969</u>	<u>4.1</u>
<u>395</u>	<u>RED BLOOD CELL DISORDERS AGE ≥17</u>	<u>0.8257</u>	<u>1.000</u>	<u>0.8257</u>	<u>3.3</u>
<u>396</u>	<u>RED BLOOD CELL DISORDERS AGE 0-17</u>	<u>1.1573</u>	<u>1.000</u>	<u>1.1573</u>	<u>2.5</u>
<u>397</u>	<u>COAGULATION DISORDERS</u>	<u>1.2278</u>	<u>1.000</u>	<u>1.2278</u>	<u>3.8</u>
<u>398</u>	<u>RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC</u>	<u>1.275</u>	<u>1.000</u>	<u>1.2750</u>	<u>4.7</u>
<u>399</u>	<u>RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC</u>	<u>0.6881</u>	<u>1.000</u>	<u>0.6881</u>	<u>2.8</u>
<u>400</u>	<u>LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE</u>	<u>2.6309</u>	<u>1.000</u>	<u>2.6309</u>	<u>5.8</u>
<u>401</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC</u>	<u>2.7198</u>	<u>1.000</u>	<u>2.7198</u>	<u>7.8</u>
<u>402</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC</u>	<u>1.0985</u>	<u>1.000</u>	<u>1.0985</u>	<u>2.8</u>
<u>403</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W CC</u>	<u>1.7594</u>	<u>1.000</u>	<u>1.7594</u>	<u>5.7</u>
<u>404</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC</u>	<u>0.848</u>	<u>1.000</u>	<u>0.8480</u>	<u>3.1</u>
<u>405</u>	<u>ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17</u>	<u>1.912</u>	<u>1.000</u>	<u>1.9120</u>	<u>4.9</u>
<u>406</u>	<u>MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC</u>	<u>2.8275</u>	<u>1.000</u>	<u>2.8275</u>	<u>7.6</u>
<u>407</u>	<u>MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC</u>	<u>1.3179</u>	<u>1.000</u>	<u>1.3179</u>	<u>3.6</u>
<u>408</u>	<u>MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC</u>	<u>2.0008</u>	<u>1.000</u>	<u>2.0008</u>	<u>4.8</u>
<u>409</u>	<u>RADIOTHERAPY</u>	<u>1.1215</u>	<u>1.000</u>	<u>1.1215</u>	<u>4.4</u>
<u>410</u>	<u>CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS</u>	<u>0.9468</u>	<u>1.000</u>	<u>0.9468</u>	<u>2.9</u>
<u>411</u>	<u>HISTORY OF MALIGNANCY W/O ENDOSCOPY</u>	<u>0.3305</u>	<u>1.000</u>	<u>0.3305</u>	<u>2</u>

<u>412</u>	<u>HISTORY OF MALIGNANCY W ENDOSCOPY</u>	<u>0.4841</u>	<u>1.000</u>	<u>0.4841</u>	<u>2</u>
<u>413</u>	<u>OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC</u>	<u>1.3645</u>	<u>1.000</u>	<u>1.3645</u>	<u>5.3</u>
<u>414</u>	<u>OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC</u>	<u>0.7548</u>	<u>1.000</u>	<u>0.7548</u>	<u>3</u>
<u>415</u>	<u>O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES</u>	<u>3.5925</u>	<u>0.491</u>	<u>1.7628</u>	<u>10.4</u>
<u>416</u>	<u>SEPTICEMIA AGE >17</u>	<u>1.5278</u>	<u>1.000</u>	<u>1.5278</u>	<u>5.5</u>
<u>417</u>	<u>SEPTICEMIA AGE 0-17</u>	<u>1.1717</u>	<u>1.000</u>	<u>1.1717</u>	<u>3.7</u>
<u>418</u>	<u>POSTOPERATIVE & POST-TRAUMATIC INFECTIONS</u>	<u>1.0074</u>	<u>0.680</u>	<u>0.6851</u>	<u>4.8</u>
<u>419</u>	<u>FEVER OF UNKNOWN ORIGIN AGE >17 W CC</u>	<u>0.8709</u>	<u>1.000</u>	<u>0.8709</u>	<u>3.7</u>
<u>420</u>	<u>FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC</u>	<u>0.6057</u>	<u>1.000</u>	<u>0.6057</u>	<u>3</u>
<u>421</u>	<u>VIRAL ILLNESS AGE >17</u>	<u>0.6796</u>	<u>1.000</u>	<u>0.6796</u>	<u>3.1</u>
<u>422</u>	<u>VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17</u>	<u>0.7854</u>	<u>1.000</u>	<u>0.7854</u>	<u>2.8</u>
<u>423</u>	<u>OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES</u>	<u>1.725</u>	<u>1.000</u>	<u>1.7250</u>	<u>5.9</u>
<u>424</u>	<u>O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>425</u>	<u>ACUTE ADJUST REACT & DISTURBANCES OF PSYCHOSOCIAL DYSFUNCTION</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>426</u>	<u>DEPRESSIVE NEUROSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>427</u>	<u>NEUROSES EXCEPT DEPRESSIVE</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>428</u>	<u>DISORDERS OF PERSONALITY & IMPULSE CONTROL</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>429</u>	<u>ORGANIC DISTURBANCES & MENTAL RETARDATION</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>430</u>	<u>PSYCHOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>431</u>	<u>CHILDHOOD MENTAL DISORDERS</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>432</u>	<u>OTHER MENTAL DISORDER DIAGNOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>433</u>	<u>ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>434</u>	<u>ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W CC</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>

<u>435</u>	<u>ALC/DRUG ABUSE OR DEPEND.</u> <u>DETOX OR OTH SYMPT TREAT W/O</u> <u>CC</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>436</u>	<u>ALC/DRUG DEPENDENCE W</u> <u>REHABILITATION THERAPY</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>437</u>	<u>ALC/DRUG DEPENDENCE.</u> <u>COMBINED REHAB & DETOX</u> <u>THERAPY</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>438</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
<u>439</u>	<u>SKIN GRAFTS FOR INJURIES</u>	<u>1.7092</u>	<u>1.000</u>	<u>1.7092</u>	<u>5.3</u>
<u>440</u>	<u>WOUND DEBRIDEMENTS FOR</u> <u>INJURIES</u>	<u>1.9096</u>	<u>0.774</u>	<u>1.4776</u>	<u>5.8</u>
<u>441</u>	<u>HAND PROCEDURES FOR INJURIES</u>	<u>0.9463</u>	<u>0.991</u>	<u>0.9382</u>	<u>2.2</u>
<u>442</u>	<u>OTHER O.R. PROCEDURES FOR</u> <u>INJURIES W CC</u>	<u>2.3403</u>	<u>1.000</u>	<u>2.3403</u>	<u>5.4</u>
<u>443</u>	<u>OTHER O.R. PROCEDURES FOR</u> <u>INJURIES W/O CC</u>	<u>0.9978</u>	<u>1.002</u>	<u>1.0002</u>	<u>2.5</u>
<u>444</u>	<u>TRAUMATIC INJURY AGE >17 W CC</u>	<u>0.7243</u>	<u>1.000</u>	<u>0.7243</u>	<u>3.2</u>
<u>445</u>	<u>TRAUMATIC INJURY AGE >17 W/O CC</u>	<u>0.5076</u>	<u>0.811</u>	<u>0.4118</u>	<u>2.4</u>
<u>446</u>	<u>TRAUMATIC INJURY AGE 0-17</u>	<u>0.2964</u>	<u>1.000</u>	<u>0.2964</u>	<u>2.4</u>
<u>447</u>	<u>ALLERGIC REACTIONS AGE >17</u>	<u>0.5166</u>	<u>1.000</u>	<u>0.5166</u>	<u>1.9</u>
<u>448</u>	<u>ALLERGIC REACTIONS AGE 0-17</u>	<u>0.0975</u>	<u>1.000</u>	<u>0.0975</u>	<u>2.9</u>
<u>449</u>	<u>POISONING & TOXIC EFFECTS OF</u> <u>DRUGS AGE >17 W CC</u>	<u>0.8076</u>	<u>1.000</u>	<u>0.8076</u>	<u>2.6</u>
<u>450</u>	<u>POISONING & TOXIC EFFECTS OF</u> <u>DRUGS AGE >17 W/O CC</u>	<u>0.4406</u>	<u>0.666</u>	<u>0.2933</u>	<u>1.6</u>
<u>451</u>	<u>POISONING & TOXIC EFFECTS OF</u> <u>DRUGS AGE 0-17</u>	<u>0.2632</u>	<u>1.000</u>	<u>0.2632</u>	<u>2.1</u>
<u>452</u>	<u>COMPLICATIONS OF TREATMENT W</u> <u>CC</u>	<u>1.0152</u>	<u>1.000</u>	<u>1.0152</u>	<u>3.5</u>
<u>453</u>	<u>COMPLICATIONS OF TREATMENT</u> <u>W/O CC</u>	<u>0.4987</u>	<u>1.000</u>	<u>0.4987</u>	<u>2.2</u>
<u>454</u>	<u>OTHER INJURY, POISONING &</u> <u>TOXIC EFFECT DIAG W CC</u>	<u>0.8593</u>	<u>1.000</u>	<u>0.8593</u>	<u>3.2</u>
<u>455</u>	<u>OTHER INJURY, POISONING & TOXIC</u> <u>EFFECT DIAG W/O CC</u>	<u>0.4672</u>	<u>0.748</u>	<u>0.3496</u>	<u>2</u>
<u>456</u>	<u>NO LONGER VALID BURNS,</u> <u>TRANSFERRED TO ANOTHER</u> <u>ACUTE CARE FACILITY</u>	<u>0</u> <u>excluded</u>	<u>0</u> <u>excluded</u>	<u>0</u> <u>excluded</u>	<u>0</u> <u>excluded</u>
<u>457</u>	<u>NO LONGER VALID EXTENSIVE</u> <u>BURNS W/O O.R. PROCEDURE</u>	<u>0</u> <u>excluded</u>	<u>0</u> <u>excluded</u>	<u>0</u> <u>excluded</u>	<u>0</u> <u>excluded</u>
<u>458</u>	<u>NO LONGER VALID NON-</u> <u>EXTENSIVE BURNS W SKIN GRAFT</u>	<u>0</u> <u>excluded</u>	<u>0</u> <u>excluded</u>	<u>0</u> <u>excluded</u>	<u>0</u> <u>excluded</u>

459	<u>NO LONGER VALID NON-EXTENSIVE BURNS W WOUND DEBRIDEMENT OR OTHER O.R. PROC</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>
460	<u>NO LONGER VALID NON-EXTENSIVE BURNS W/O O.R. PROCEDURE</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>
461	<u>O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES</u>	<u>1.2101</u>	<u>0.921</u>	<u>1.1141</u>	<u>2.4</u>
462	<u>REHABILITATION</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
463	<u>SIGNS & SYMPTOMS W CC</u>	<u>0.6936</u>	<u>1.000</u>	<u>0.6936</u>	<u>3.3</u>
464	<u>SIGNS & SYMPTOMS W/O CC</u>	<u>0.4775</u>	<u>1.000</u>	<u>0.4775</u>	<u>2.4</u>
465	<u>AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS</u>	<u>0.5756</u>	<u>1.000</u>	<u>0.5756</u>	<u>2.1</u>
466	<u>AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS</u>	<u>0.684</u>	<u>1.000</u>	<u>0.6840</u>	<u>2.3</u>
467	<u>OTHER FACTORS INFLUENCING HEALTH STATUS</u>	<u>0.5112</u>	<u>1.000</u>	<u>0.5112</u>	<u>2.3</u>
468	<u>EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS</u>	<u>3.6399</u>	<u>1.000</u>	<u>3.6399</u>	<u>9.2</u>
469	<u>PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
470	<u>UNGROUPABLE</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
471	<u>BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY</u>	<u>3.1957</u>	<u>1.000</u>	<u>3.1957</u>	<u>5</u>
472	<u>NO LONGER VALID EXTENSIVE BURNS W O.R. PROCEDURE</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>
473	<u>ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17</u>	<u>3.5822</u>	<u>1.000</u>	<u>3.5822</u>	<u>7.6</u>
474	<u>NO LONGER VALID</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
475	<u>RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
476	<u>PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS</u>	<u>2.2547</u>	<u>1.000</u>	<u>2.2547</u>	<u>8.4</u>
477	<u>NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS</u>	<u>1.8204</u>	<u>1.000</u>	<u>1.8204</u>	<u>5.4</u>
478	<u>OTHER VASCULAR PROCEDURES W CC</u>	<u>2.3333</u>	<u>1.000</u>	<u>2.3333</u>	<u>4.9</u>
479	<u>OTHER VASCULAR PROCEDURES W/O CC</u>	<u>1.4326</u>	<u>1.000</u>	<u>1.4326</u>	<u>2.8</u>

<u>480</u>	<u>LIVER TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>481</u>	<u>BONE MARROW TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>482</u>	<u>TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>483</u>	<u>TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>484</u>	<u>CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA</u>	<u>5.5606</u>	<u>1.000</u>	<u>5.5606</u>	<u>8.8</u>
<u>485</u>	<u>LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TR</u>	<u>3.0998</u>	<u>1.000</u>	<u>3.0998</u>	<u>7.7</u>
<u>486</u>	<u>OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA</u>	<u>4.9048</u>	<u>1.000</u>	<u>4.9048</u>	<u>8.1</u>
<u>487</u>	<u>OTHER MULTIPLE SIGNIFICANT TRAUMA</u>	<u>2.0604</u>	<u>1.000</u>	<u>2.0604</u>	<u>5.6</u>
<u>488</u>	<u>HIV W EXTENSIVE O.R. PROCEDURE</u>	<u>4.5574</u>	<u>1.000</u>	<u>4.5574</u>	<u>11.5</u>
<u>489</u>	<u>HIV W MAJOR RELATED CONDITION</u>	<u>1.7414</u>	<u>1.000</u>	<u>1.7414</u>	<u>6</u>
<u>490</u>	<u>HIV W OR W/O OTHER RELATED CONDITION</u>	<u>0.968</u>	<u>1.000</u>	<u>0.9680</u>	<u>3.7</u>
<u>491</u>	<u>MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY</u>	<u>1.6685</u>	<u>1.000</u>	<u>1.6685</u>	<u>2.9</u>
<u>492</u>	<u>CHEMOTHERAPY W ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS</u>	<u>4.2467</u>	<u>1.000</u>	<u>4.2467</u>	<u>10.9</u>
<u>493</u>	<u>LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC</u>	<u>1.818</u>	<u>1.000</u>	<u>1.8180</u>	<u>4.3</u>
<u>494</u>	<u>LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC</u>	<u>1.0388</u>	<u>1.000</u>	<u>1.0388</u>	<u>2</u>
<u>495</u>	<u>LUNG TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>496</u>	<u>COMBINED ANTERIOR/POSTERIOR SPINAL FUSION Note – For admissions on or after *, 2000, the cost of implantable hardware and instrumentation for this DRG is excluded from the DRG computed fee and reimbursed separately pursuant to § 9792.1(c)(9).</u>	<u>5.5532</u>	<u>1.000</u>	<u>5.5532</u>	<u>7.8</u>

<u>497</u>	<u>SPINAL FUSION W CC Note – For admissions on or after *, 2000, the cost of implantable hardware and instrumentation for this DRG is excluded from the DRG computed fee and reimbursed separately pursuant to § 9792.1(c)(9).</u>	<u>2.9441</u>	<u>1.000</u>	<u>2.9441</u>	<u>4.9</u>
<u>498</u>	<u>SPINAL FUSION W/O CC Note – For admissions on or after *, 2000, the cost of implantable hardware and instrumentation for this DRG is excluded from the DRG computed fee and reimbursed separately pursuant to § 9792.1(c)(9).</u>	<u>1.9057</u>	<u>1.000</u>	<u>1.9057</u>	<u>2.8</u>
<u>499</u>	<u>BACK & NECK PROCS EXCEPT SPINAL FUSION W CC Note – For admissions on or after *, 2000, the cost of implantable hardware and instrumentation for this DRG is excluded from the DRG computed fee and reimbursed separately pursuant to § 9792.1(c)(9).</u>	<u>1.4572</u>	<u>1.000</u>	<u>1.4572</u>	<u>3.6</u>
<u>500</u>	<u>BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC Note – For admissions on or after *, 2000, the cost of implantable hardware and instrumentation for this DRG is excluded from the DRG computed fee and reimbursed separately pursuant to § 9792.1(c)(9).</u>	<u>0.9805</u>	<u>1.000</u>	<u>0.9805</u>	<u>2.2</u>
<u>501</u>	<u>KNEE PROC W PDX OF INFECTION W CC</u>	<u>2.6283</u>	<u>1.000</u>	<u>2.6283</u>	<u>8.4</u>
<u>502</u>	<u>KNEE PROC W PDX OF INFECTION W/O CC</u>	<u>1.4434</u>	<u>1.000</u>	<u>1.4434</u>	<u>4.9</u>
<u>503</u>	<u>KNEE PROCEDURES W/O PDX OF INFECTION</u>	<u>1.2156</u>	<u>1.000</u>	<u>1.2156</u>	<u>3.1</u>
<u>504</u>	<u>EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>505</u>	<u>EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>506</u>	<u>FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>

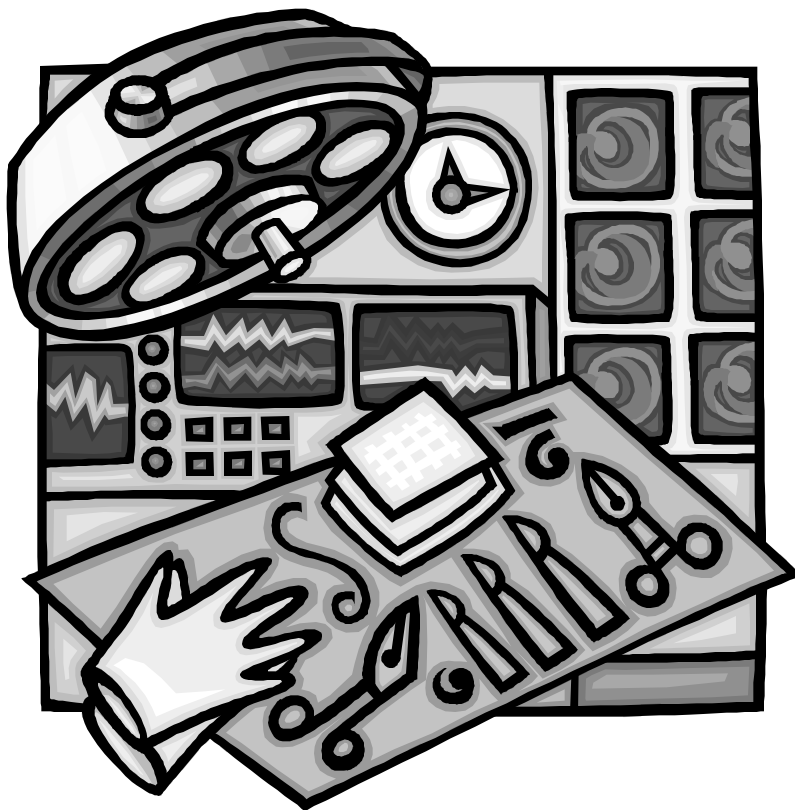
<u>507</u>	<u>FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAUMA.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>508</u>	<u>FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>509</u>	<u>FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAUMA.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>510</u>	<u>NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>511</u>	<u>NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>

APPENDIX C: RATIOS
APPLIED TO REVISE
CERTAIN DRG
WEIGHTS IN
CALIFORNIA

<u>Number</u>	<u>DRG</u>	<u>Ratio</u>
<u>4</u>	<u>Spinal Procs</u>	<u>0.6283</u>
<u>8</u>	<u>Peripheral/Cranial Nerve & Orth OR Nervous Sys. Procs</u>	<u>0.8082</u>
<u>25</u>	<u>Seizures and Headaches: AD WO CC</u>	<u>0.7485</u>
<u>29</u>	<u>Traumatic Stupor and Coma: AD WO CC</u>	<u>1.0025</u>
<u>32</u>	<u>Concussion: AD WO CC</u>	<u>0.8749</u>
<u>42</u>	<u>Intraocular Proc Exc. Retina, Iris and Lens</u>	<u>1.0661</u>
<u>63</u>	<u>Other Ear, Nose, Mouth and Throat OR Procs</u>	<u>0.8753</u>
<u>112</u>	<u>Percutaneous Cardiovascular Procs</u>	<u>0.8409</u>
<u>140</u>	<u>Angina Pectoris</u>	<u>0.7834</u>
<u>143</u>	<u>Chest Pain</u>	<u>0.8417</u>
<u>160</u>	<u>Hernia Proc: AD Exc. Inguinal or Femoral, WO CC</u>	<u>0.9016</u>
<u>162</u>	<u>Hernia Proc: AD Inguinal or Femoral, WO CC</u>	<u>0.8672</u>
<u>209</u>	<u>Major Joints and Limb Reattachment, Lower Extremity</u>	<u>0.95</u>
<u>210</u>	<u>Hip and Femur, Exc Major joint Proc: AD W CC</u>	<u>1.18</u>
<u>211</u>	<u>Hip and Femur, Exc Major joint Proc: AD WO CC</u>	<u>0.9726</u>
<u>214</u>	<u>Back and Neck Proc W CC</u>	<u>0.9674</u>
<u>215</u>	<u>Back and Neck Procs WO CC</u>	<u>0.9556</u>
<u>217</u>	<u>Wound Debridement and Skin Graft Exc. Hand</u>	<u>0.5717</u>
<u>218</u>	<u>Lower Extr/Humerous Exc. Hip, Foot and Femur: AD W CC</u>	<u>1.0298</u>
<u>219</u>	<u>Lower Extr/Humer. Exc. Hip, Foot and Femur: AD WO CC</u>	<u>0.9681</u>
<u>221</u>	<u>Knee Proc W CC</u>	<u>0.8177</u>
<u>222</u>	<u>Knee Proc WO CC</u>	<u>1.0382</u>
<u>223</u>	<u>Maj. Shoulder/Elbow Proc/Other Upper Extrem. Proc W CC</u>	<u>0.885</u>
<u>224</u>	<u>Shoulder/Elbow/Forearm Proc exc. Major Joint Proc WO CC</u>	<u>1.0122</u>
<u>225</u>	<u>Foot Proc</u>	<u>1.0008</u>
<u>227</u>	<u>Soft Tissue Proc WO CC</u>	<u>0.9443</u>
<u>228</u>	<u>Major Thumb/Joint Proc, or Other Hand or Wrist Proc W CC</u>	<u>0.9063</u>
<u>229</u>	<u>Hand and Wrist Proc, Exc. Major joint Proc WO CC</u>	<u>1.0367</u>
<u>231</u>	<u>Local Excision/Removal Int. Fix. Devices Exc. Hip & Femur</u>	<u>0.7341</u>
<u>232</u>	<u>Arthroscopy</u>	<u>0.8166</u>
<u>234</u>	<u>Oth. Musculoskel. Sys/Connective Tissue OR Procs WO CC</u>	<u>0.8133</u>
<u>236</u>	<u>Fracture of Hip and Pelvis</u>	<u>0.979</u>
<u>243</u>	<u>Medical Back</u>	<u>0.7609</u>
<u>251</u>	<u>Frac, Sprain, Strain, Disloc Forearm, Hand/Foot: AD WO CC</u>	<u>0.9012</u>
<u>254</u>	<u>Frac, Sprain, Strain, Disloc Up Arm/Low Leg ex Foot: AD W CC</u>	<u>1.0031</u>
<u>266</u>	<u>Skin Graft/Debridement Exc. Skin Ulcer or Cellulitis WO CC</u>	<u>1.1306</u>
<u>277</u>	<u>Cellulitis: AD W CC</u>	<u>0.791</u>
<u>278</u>	<u>Cellulitis: AD WO CC</u>	<u>0.8654</u>
<u>281</u>	<u>Trauma to Skin, Subcutaneous Tiss and Breast: AD WO CC</u>	<u>0.9709</u>
<u>415</u>	<u>Infectious and Parasitic Disease OR Proc</u>	<u>0.4907</u>

<u>418</u>	<u>Postoperative and Post traumatic Infection</u>	<u>0.6801</u>
<u>440</u>	<u>Wound Debridement for Injury</u>	<u>0.7738</u>
<u>441</u>	<u>Hand Proc for Injury</u>	<u>0.9914</u>
<u>443</u>	<u>Other Proc for Injury WO CC</u>	<u>1.0024</u>
<u>445</u>	<u>Traumatic Injury: AD WO CC</u>	<u>0.8112</u>
<u>450</u>	<u>Injury/Poison/Drug: AD WO CC</u>	<u>0.6657</u>
<u>455</u>	<u>Other Injury/Poisoning and Toxic Effect Diagnosis WO CC</u>	<u>0.7483</u>
<u>461</u>	<u>OR Proc with Diagnosis of Other Contact with Health Services</u>	<u>0.9207</u>

Note: Authority cited:
Sections 133, 4603.5,
5307.1 and 5307.3,
Labor Code.
Reference: Sections
4600, 4603.2, and
5307.1, Labor Code.



Proof of Service By Mail

I declare that:

I am employed in the county of _____ California. I am over the age of eighteen years; my business address is:

On _____, I served the attached _____ on _____ addressed as follows:

Name of Respondent

with the following enclosures:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

_____, at _____ California.

Date

Location

Type or Print Name

Signature